

MSI, LLC
390 Interlocken Crescent, Ste 500
Broomfield, CO 80021-8041
(303 420-4433 Fax: 303 420-6611

I hereby authorize a representative from MSI, LLC to initiate a direct withdrawal from my checking account to pay homeowner assessments. The withdrawal will become effective on the 5th day of each month (unless assessments are paid quarterly, semi-annually or annually—then it will be the 5th day of the first month of the current billing period) or the next business day if the 5th is a weekend or holiday.

The amount of withdrawal will be the balance owing on the account.

You will receive written notification of the initial start of the direct withdrawal once the program has been set up. The direct withdrawal will continue on a monthly basis until MSI, LLC. receives written notice of cancellation.

Name

Authorized Signature

Property Address

Association Name

Date

Please attach a **VOIDED CHECK** to this form.
A deposit slip **CANNOT** be accepted.

THIS IS AN OPTIONAL PROGRAM