

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

I hereby authorize a representative from Management Specialists, Inc. to initiate a direct withdrawal from my checking account to pay homeowner assessments. The withdrawal will become effective on the 5<sup>th</sup> day of each month (unless assessments are paid quarterly, semi-annually or annually—then it will be the 5<sup>th</sup> day of the first month of the current billing period) or the next business day if the 5<sup>th</sup> 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 Management Specialists, Inc. receives written notice of cancellation.

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Name

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Authorized Signature

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Property Address

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Association Name

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Date

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