

 Quail Crossing HOA
c/o Foster Management
PO Box 6125
Longmont, CO 80501

March 17, 2008

Quail Crossing Resident

RE: ACH Withdrawal Authorization

Dear Resident,

Quail Crossing Residential Association, Inc. is proud to announce that an automatic payment service is now available to you for the payment of your Quarterly HOA dues. With this service, the quarterly payment of your association dues can be automatically deducted from your checking or savings account and paid directly to the association, all at no additional cost to you. Once the service has begun, your HOA payments will be automatically deducted from your checking/savings account on or about the 5th of the month in which an assessment is due. There will no longer be a need to mail coupons and payments, saving you time and money.

To enroll in this service, please fill out the attached authorization form, and mail it back to the address listed above. A confirmation of receipt for your authorization will be mailed to you, along with notice of when the automatic payments will begin.

If you have any questions regarding this service, please do not hesitate to contact me via email at **Kevin@FosterMgmt.net** or via telephone at **(303) 532-4148**.

Sincerely,



Kevin Lucas CPA
Foster Management – Community Managing Agent

Quail Crossing Residential Association, Inc.

AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH WITHDRAWALS)

Association Name: **Quail Crossing Residential Association, Inc.** TAX ID Number: **84-1480055**

I(We) hereby authorize Quail Crossing Residential Association, Inc., Hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking Account / Savings Account (**Select One**) indicated below at the depository financial institution named below, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____ Phone: _____

ACH/Routing Number: _____ Account Number: _____
(Must be Nine Digits)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ASSOCIATION and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Quail Crossing Residential Association, Inc.

HOA Acct Number: _____

Daytime Phone Number

Email Address

Print Account Holder Name

Print Co-Account Holder Name

Account Holder Signature

Date

Co-Account Holder Signature

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

**Please Return Form to Quail Crossing HOA c/o Foster Management
PO Box 6125
Longmont, CO 80501**

Phone #: (303) 532-4148 Fax #: (888) 697-8805