

THE PENINSULA AT PLUM CREEK HOMEOWNERS ASSOCIATION
ACH Authorization Agreement For

Direct Draft (ACH Credits)
 Direct Disbursement (ACH Debits)

Date: _____

Name Social Security Number

Address City State Zip

Phone Number

We authorize, **CASTLE ROCK BANK** to initiate or receive ACH Credits or Debits
to or from our checking or savings account at _____ in the amount
(Name of Institution)
of the monthly assessment on the _____ day of each month until terminated
.

Institution 1 **Institution 2**

Company: **CASTLE ROCK BANK** Name on Account: _____

Contact: Craig Zierdt

Account type: Checking []
[] Savings

Account Number: **3016694** _____ Account Number: _____

Transit and Routing Number: **307074124** _____
Transit and Routing Number: _____

Bank Name: **CASTLE ROCK BANK** Institution Name: _____

Branch: **MAIN** Branch: _____

Bank Phone: **(303) 688-5191** Institution Phone: _____

Signature (s): _____ Date: _____
_____ Date: _____

**All Written ACH Debit/Credit Authorizations must provide that the receiver may
revoke the authorization only by written notification.
PLEASE ATTACH VOIDED CHECK HERE**