

**COLBY MANAGEMENT**  
**17220 N. BOSWELL BLVD, STE 140**  
**SUN CITY, AZ 85373-1984**  
**623-977-3860, x7712**  
**623-977-3577 fax**  
**frontdesk@colbymgt.com**

**SURE PAY AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

I (we) hereby authorize COLBY MANAGEMENT, INC., hereinafter called COMPANY, to initiate between the 4<sup>th</sup> and 7<sup>th</sup> of the month in which my (our) assessment is due debit entries to my (our) checking account and the depository, hereinafter called DEPOSITORY, as indicated on the attached sample check.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. **Any rejected payments will be assessed a fee.**

DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HOMEOWNER NAME: \_\_\_\_\_

ASSOCIATION NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Please securely tape voided check here**