



**Steamboat Grand**  
Resort Hotel Condominium Association Inc.

**AUTHORIZATION AGREEMENT for AUTOMATIC WITHDRAWAL (ACH)**

I hereby authorize my checking account, as specified below, to be charged for the quarterly dues for the unit(s) listed below. I understand that the same checking account will be charged each quarter until such time as I request in writing that it no longer be used. The agreed upon amount will be the quarterly dues billing amount shown on a statement mailed approximately one week prior to the charge being processed. If rental income is being applied to the account, the charge will be for the net amount due, if any. Checking account charges will be posted on or about the 20<sup>th</sup> of the first month of the fiscal quarter (January, April, July and October).

Returned bank charges will incur a \$25 NSF fee for additional processing costs.

Owner's Name: \_\_\_\_\_

Unit(s) and Fraction(s): \_\_\_\_\_

Name on account (if different): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings  
**(please attach a voided check or a withdrawal slip)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check here if you would like to receive your quarterly statements by E-mail.**

**Email Address :** \_\_\_\_\_