



**1765 S. 8th Street Suite #620
Colorado Springs, CO 80905
T: 719-313-1355 F: 719-344-8733**

Payment Options for Homeowner Dues

STATEMENTS: Priority Property Management emails account statements to all the owners every month. Please make sure management has your email on file.

Check or Money Order

Simply mail your payment to our office address provided above. Your payment should **always** be made payable to your **Association** and include your account number and/or property address on the payment.

ACH (Automated Clearing House Direct Payment)

ACH is a free service to pay your assessments on a "per assessment" basis. ACH debits your **Association** dues automatically from your checking or savings account. To sign up for ACH, complete the authorization form on the back of this page and return it to our office with a voided check. Payments will be *initiated* for withdrawal on the 7th day of each month (or next business day) for the current assessment amount. **Form on back.**

Coupon Book

Coupon books are ordered upon request. Please send your request to PPMCares@prioritypm.net and include your name and property address. Please make your check payable to your **Association** (not to Priority Property Management).

Online Bill Pay Via Your Personal Bank

Please make your payments payable to your **Association**, include your account number, and use the address information listed above. Online Bill Pay should be thoughtfully scheduled to ensure there is ample time between the bank sending the payment and the **Association's** receipt of the payment each month. Check with your specific bank to be familiar with their processing timeline and policy. Don't forget to update your payment if your assessment rate increases annually!

Credit Card Payment

Via Pay Lease, this can be accessed through the homeowner portal, or through www.PayLease.com directly.



AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (We) hereby authorize _____ **Association,** to
(Name of HOA)
initiate debit entries to my (our) Checking Savings (select one) account
indicated below and the depository named below to debit same to such account.
*(Payments will be processed on the 7th day of each month or the next business
day).*

Month/year for payments to begin: _____ Payments consist of the
monthly/quarterly/annual assessments only. Fines and Special Assessments etc.
will not be drafted, these payments must be made in an alternate manner.

DEPOSITORY

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____

Bank Transit No. _____ Account No. _____

This authority is to remain in full force and effect until _____
(Name of HOA)

and the DEPOSITORY has received written notification from me (or either of us) of
its termination, giving a reasonable opportunity to act on it (at least 14 working
days prior to the next scheduled withdrawal).

Name(s): _____ ID No. (Office Use): _____

Property Address _____

Date: _____ Phone: _____

Signed: _____

****Please attach a voided check to this form****

**Return to:
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