

ACH REGISTRATION FORM

Save time and postage each month. Just complete this form, sign it, and send it to: KCRMA, 7676 S. Continental Divide Rd., Littleton, CO 80127 or email it to markk@kcranch.org. Please include a **voided check** if possible, to insure accuracy in setting up your account.

Completed ACH forms received by the 1st of each month will allow for withdrawal on or after the 5th day of the month. Your payment will be automatically deducted from your checking or savings account on or after the 5th day of each month.

Homeowner Name _____

Property Address _____

Name of Bank _____

Bank Location _____

() Checking or () Savings

Bank Account Number _____

Bank Routing Number _____

Beginning with the payment due on (month) _____

Homeowner Account Number (optional) _____

Signature _____