

Arapahoe Ridge Homeowners Association, Inc.

c/o MSI, LLC

390 Interlocken Crescent, Suite 500

Broomfield, CO 80021-8041

(303) 420-4433 Fax: (303) 420-6611

I hereby authorize a representative from MSI, LLC to initiate a direct withdrawal from my checking account to pay homeowner assessments. The withdrawal will become effective on the 5th day of each month (unless assessments are paid quarterly, semi-annually or annually—then it will be the 5th day of the first month of the current billing period) or the next business day if the 5th is a weekend or holiday.

The amount of withdrawal will be the balance owing on the account.

You will receive written notification of the initial start of the direct withdrawal once the program has been set up. The direct withdrawal will continue on a monthly basis until MSI, LLC receives written notice of cancellation.

Name

Authorized Signature

Property Address

Arapahoe Ridge Homeowners Association, Inc.

Association Name

Date

Please attach a VOIDED CHECK to this form.

A deposit slip CANNOT be accepted.

THIS IS AN OPTIONAL PROGRAM