

**TELLURIDE MOUNTAIN VILLAGE
OWNERS ASSOCIATION**

AUTOMATIC DIRECT DEBIT BILLING REQUEST

SELECT ONE: **QUARTERLY** **ANNUAL**

I (we) _____ hereby authorize Telluride Mountain Village Owners Association (TMVOA) to initiate a charge to my (our) bank account. This authority will remain in effect until notified by me (us) in writing to cancel.

Bank name and address

Bank routing number (9 digits) and account number

Customer signature and date

Account name (please print) – as it appears on check

Owner's billing address

Telephone Number (including area code)

TMVOA account number(s) (Please enter all account #s that should be drafted.)

Please fill out form completely and FAX to:

TMVOA

Fax: 970-369-7656

If you have any further questions or are in need of assistance, please contact

Whitney Pearce Email: whitney@tmvoa.org or Phone: 970-728-1904 x 5