

**COLBY MANAGEMENT**

**17220 N. BOSWELL BLVD, STE 140**

**SUN CITY, AZ 85373-1984**

**623-977-3860, x 7712**

**623-977-3577 fax**

**E-mail form to: [frontdesk@colbymgt.com](mailto:frontdesk@colbymgt.com)**

**SUREPAY AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

I (we) hereby authorize COLBY MANAGEMENT, INC., hereinafter called COMPANY, to initiate debit entries to my (our) checking account between the 4<sup>th</sup> and the 7<sup>th</sup> of each month and the depository, hereinafter called DEPOSITORY, as indicated on the attached sample check.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. **Any rejected payments will be assessed a fee.**

DATE \_\_\_\_\_

HOMEOWNER NAME \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Please secure voided check here**



17220 N. Boswell Blvd, Ste. 140  
Sun City, AZ 85373

**Customer Service**  
623-977-3860, ext. 7725  
customerservice@colbymgt.com

Please send payments to:  
C.O.P. Condominium Association  
C/O Colby Management  
P O Box 65581  
Phoenix AZ 85082-5581

**Unit Address**  
RE: 12711 W Castle Rock Drive

**Account ID**  
1380030711

**As Of Date**  
12/20/2019

**Due Date**  
01/01/2020

**Amount Due**  
270.00

**Auto Pay, Do Not Pay**

623-977-3860 | 623-977-3577

Description	Charges	Payment	Balance	Reference
September 2019 - Assessment Surepay Payment	270.00		270.00	CHARGE
October 2019 - Assessment Surepay Payment	270.00	-270.00	0.00	PAYMENT
November 2019 - Assessment Surepay Payment	270.00	-270.00	270.00	CHARGE
December 2019 - Assessment Surepay Payment	270.00	-270.00	0.00	PAYMENT
January 2020 - Assessment	<i>275</i> 270.00	<i>275</i> -270.00	<del>270.00</del>	CHARGE

**Payment Options**

Please visit our website at [www.colbymgt.com](http://www.colbymgt.com)  
Assessments may be paid online via e-check (no chg) or credit card (\$15 fee).  
If you are interested in autopay, a Surepay form may be obtained on our website.  
Mail on-line bank checks with acct # to P O Box below.

*(A) Switch starts to email - coordinate w/Bef*