



PO Box 6125
Longmont, CO 80501

Direct 303.532.4148
Fax 888.697.8805

Check-By-Fax Authorization

I, _____ hereby authorize Foster Management Inc., to debit the checking account identified on the attached check for payment of my/our Homeowner Association Assessments. I understand Foster Management Inc. will create a one time bank draft utilizing the check amount and banking information shown on this check and deposit it directly to the HOA's account as though this check had been physically received by them. I understand I may retain or destroy the original check once this fax has been received by Foster Management Inc. and that I need not send the original to them, and that this facsimile shall serve as a substitute for the original check. I warrant that necessary funds are on deposit in the account represented by this check and that I will not attempt to stop payment or otherwise void the payment tendered by this Authorization.

Authorized by: _____ Date: _____

Property Address: _____

Email Address for confirmation of receipt notification: _____

ABA Routing Number: _____ Acct #: _____ Check #: _____
(must be 9 digits)

Please attach a signed and dated check in the space below, and fax to (888) 697-8805 or scan and E-Mail to Kevin@FosterMGMT.net **DO NOT MAIL YOUR CHECK AFTER FAXING. DOING SO MAY RESULT IN DUPLICATE DEBITS TO YOUR ACCOUNT.**

ATTACH CHECK HERE

FAX this Authorization to 888-697-8805
Entire check, including numbers at the bottom, must be legible.

An email confirming receipt will be sent back to you upon successful receipt and processing of the CHECK BY FAX transaction.