

2-7080/2710
0907781935

1519

JOYCE L. LYNNE
847-364-1206
1515 E. CENTRAL RD., APT. 162B
ARLINGTON HEIGHTS, IL 60005-3354

DATE

PAY TO
THE ORDER OF

\$

DOLLARS



Security Features
Included.
Details on Back.

citibank®

CITIBANK, F.S.B.
25 EAST CAMPBELL STREET
ARLINGTON HEIGHTS, IL 60005

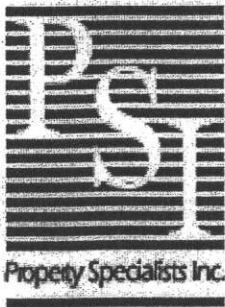
MEMO

1: 27 10 7080 11 0907781935 1519

PEANUTS

POSTED

DIRECT DEBIT PROGRAM



Property Specialists, Inc. announces the Direct Debit Program for our clients. This program utilizes electronic funds transfer (EFT) to provide you with a timely, accurate, and convenient method to pay for association fees.

With Automatic Payment, you can eliminate the hassle of mail delays and late payments.

Direct Debit offers you:

- ✓ Assurance of Timely Payments
- ✓ Convenient Payment Method
- ✓ Simple and Easy Sign-Up

mailed 12/27/05
Start Term 6

Clients choosing the Direct Debit Program ensure their payment has been received.

The Direct Debit plan gives you the reliability and safety advantages of knowing your payments are being made even if you are out of town.

PLEASE FILL IN THE FOLLOWING INFORMATION REGARDING YOUR BANKING INFORMATION AND RETURN TO US AT PSI AT 5999 SOUTH NEW WILKE RD. SUITE 108, ROLLING MEADOWS, IL 60008. YOU MUST SUBMIT AN UNSIGNED VOIDED CHECK WITH THIS FORM FOR VERIFICATION FOR US TO SET UP THE DIRECT DEBIT FROM YOUR ACCOUNT. PLEASE READ THE FOLLOWING AND SIGN BELOW. * Checks sent to the PO Box will be destroyed and not processed. *

I (We) authorize Property Specialist, Inc. hereafter called "Company", to initiate debit entries to my (our) checking account indicated below and the institution named below, hereinafter called "Institution", to debit the same such account.

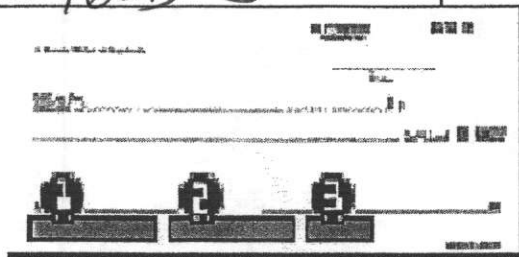
I (We) further authorize "Company" to initiate credits to my (our) account to correct errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "Company" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

HOMEOWNER (S) SIGNATURE

DATE

PLEASE PRINT INFORMATION BELOW:

NAME: <u>Joyce L. Lynne</u>	BANK NAME: <u>CITIBANK F.S.B.</u>
ADDRESS: <u>1515 E. Central Road</u> <u>Unit # 162B</u> <u>Arlington Hts, IL 60005</u>	BANK ADDRESS: <u>25 EAST CAMPBELL STREET</u> <u>ARLINGTON HTS., IL 60005</u>
	BANK PHONE#
HOMEOWNER ACCOUNT# (SEE ASSESSMENT COUPON) <u>101020162B 3</u>	BANK ACCOUNT# <u>0907781935</u>
	BANK ROUTING# (SEE EXAMPLE BELOW IF UNSURE) <u>271070801</u>



- ① 0000067894
Routing/Transit Number
- ② 123456789
Account Number
- ③ 1001
Check Number

Mail Completed Form and Voided Check to:

Property Specialists, Inc
5999 S New Wilke Rd
Suite 108
Rolling Meadows, IL 60008-4501