

10-1030-313B-2

FAXED
2/6/09



FAX TRANSMISSION

DATE: 2/6/09

TO: Mari Money

COMPANY: _____

FAX #: 312-814-3542

FROM: Brittany Ryan @ Property Specialists

RE: Direct Debit Form

Pages transmitted including cover memo: 2

COMMENTS:

Mari - Please just state on form
that you would like the regular
and the special taken out
My fax # 847.806.4568.

Thank you.

Brittany ☺

WORD/ASSOC/CECLIA/FAX/JULY2005

F O C U S E D O N E X C E L L E N C E

5999 SOUTH NEW WILKE ● SUITE 108 ● ROLLING MEADOWS, IL 60008 ● 847.806.6121 ● FAX 847.806.6154
1701 QUINCY AVENUE ● SUITE 32 ● NAPERVILLE, IL 60540 ● 630.778.6006 ● FAX 630.778.6226



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

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

Continue to make monthly payments by check until you are notified by postcard as to the starting date of your direct debit.

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.

You are responsible for having enough funds in the account you selected on the payment date. You will be charged should your transfer be returned due to insufficient funds.

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. *

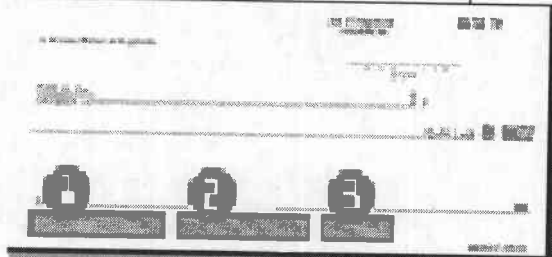
I (We) authorize Property Specialist, Inc. hereafter called "Company", to initiate debit entries to my (our) checking account indicated below and the institution named below, hereinafter called "Institution", to debit the same such account.

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:	BANK NAME:
ADDRESS:	BANK ADDRESS:
	BANK PHONE#
	BANK ACCOUNT #
HOMEOWNER ACCOUNT# (SEE ASSESSMENT COUPON)	BANK ROUTING# (SEE EXAMPLE BELOW IF UNSURE)



- 1 000067894:
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