

KEITH A. DINSMORE 10-87
ELIZABETH M. DINSMORE
 1405 E. CENTRAL RD.
 ARLINGTON HEIGHTS, IL 60005

$\frac{2-1789}{710}$
 460030132173

3968

DATE

PAY TO THE
 ORDER OF

VOID

VOID

DOLLARS



Security Features
 Included.
 Details on Back.

VOID

MP

BANK ONE®

Bank One, NA
 Chicago, Illinois 60670
 www.BankOne.com

MEMO

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POSTED

MAILED

APR 13 2004

APR 12 2004

Direct Debit Program

Property
Specialists, Inc.
5999 New Wilke
Road, Suite
108, Rolling
Meadows, IL
60008

Property Specialists, Inc. announces the Direct Debit Program for our clients.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method to pay for association fees.

With Automated 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

Start May 03

- ☒ Clients choosing the Direct Debit Program ensure their payment has been received
- ☒ Your payments are made directly from your account, eliminating time-consuming mail delays
- ☒ Direct Debit plan gives you the reliability and safety advantages of knowing your payments are made, even if you are out of town.

Instructions: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I (we) authorize Property Specialists, 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 any 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.

Member Signature *[Signature]*

Institution Account Number 460030132177

Member Name Keith L. Moore

Institution Name Bank One

Address 1405 S. Lemay Ave. #215

Institution Address Chicago, IL 60670

City, State, Zip Arlington Heights, IL 60005

Institution Phone Number _____

Account Number 101010215B2

Institution Transit ABA _____