

ART SALINS  
COLLEEN SALINS

1505 E. CENTRAL RD.  
ARLINGTON HEIGHTS, IL 60005

2-15990  
710

960

Pay to  
the Order of

BANK ONE, NA  
CHICAGO, ILLINOIS 60670  
WWW.BANKONE.COM

For

Date

\$

Dollars



Security Features  
Included.  
Details on Back.

MP

⑆071000013⑆2480061248683⑈00960

# DIRECT DEBIT PROGRAM

January 2010



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

Changed  
bank  
accounts

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. \*

Sent letter 12/1/09

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

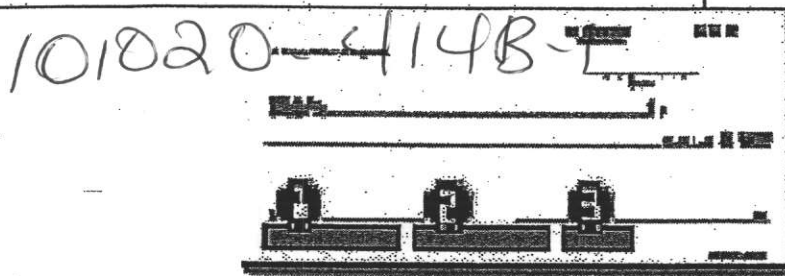
Arthur Salins

DATE 12/15/09

SCANNED

PLEASE PRINT INFORMATION BELOW:

NAME: ARTHUR SALINS	BANK NAME: CHASE (FORMERLY BANK ONE)
ADDRESS: 1505 E. CENTRAL RD. #414B ARLINGTON HTS., IL 60005	BANK ADDRESS: 43 E. GOLF RD. (LOCAL) ARLINGTON HTS., IL 60005
	BANK PHONE# 847-806-5947
	BANK ACCOUNT # 2480061248683
HOMEOWNER ACCOUNT# 101000165763 (SEE ASSESSMENT COUPON)	BANK ROUTING# (SEE EXAMPLE BELOW IF UNSURE) 071000013



- ① 0000017894: 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