

**DIRECT DEBIT INFORMATION
FOR CUSTOMERS
OF
GLENDALE LAKES TOWNHOME ASSOCIATION PHASE II**

We are pleased to offer automated debit of your monthly payment and additional charges directly from your personal checking account. By completing the attached "Authorization" form and returning it to **GLENDALE LAKES ASSOCIATION PHASE II**, your payment will automatically be debited.

There are a lot of advantages to Direct (Automatic) Debit:

- Confidential:** We maintain the strictest confidentiality with your checking account.
- Quick:** Eliminates writing a check every month for recurring payments.
- Convenient:** Since we debit your payment automatically, you no longer have to worry about getting your payment to GLENDALE LAKES TOWNHOME ASSOCIATION PHASE II. It will happen automatically.

How do I sign up?

- Complete the attached "Authorization" form.
- Attach a voided check to the form.
- Return the completed, signed form with the voided check to:
- GLENDALE LAKES TOWNHOME ASSOCIATION PHASE II, P.O. BOX 87317, CAROL STREAM, IL 60188**
- Remember to complete a new "Authorization" form if you change banks.

Once the automatic debit commences, your account will be debited after the 1st of the month your assessment is due.

Questions? Contact: GlendaleLakes2@gmail.com Phone #: **(630)-456-4381**

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

GLENDALE LAKES TOWNHOME ASSOCIATION PHASE II

CONSUMER NAME (S) _____

PHONE: (Home) _____ - _____ - _____ (Work) _____ - _____ - _____

I (we) hereby authorize **GLENDALE LAKES TOWNHOME ASSOCIATION PHASE II**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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 DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) _____ (Please Print)

DATE _____

SIGNED _____ SIGNED _____