

ACH DIRECT DEBIT AUTHORIZATION FORM



This form is used for direct debit of your account. You must complete in full and sign the authorization form.

(I)(WE) _____ at _____
(Unit Owner Name(s)) (Unit Address)

hereby authorize _____ through its agent
(Condo/HOA Association)

Advanced Property Specialists, Inc. to initiate debit entries and, if necessary, debit correction and adjustment entries to (my) (our) account at the financial institution listed below.

Financial Institutions Name _____

Address _____ City/State _____ Zip Code _____

Routing & Transit Number _____ Account Number _____

******* PLEASE ATTACH A VOIDED CHECK TO THIS FORM. *******

Account Type (check one): Checking Savings

Terms and Conditions

*This authority is to remain in full force and effect until Advanced Property Specialists, Inc. has received written notification from the recipient of its termination in such a time and manner as to afford Advanced Property Specialists, Inc. not less than a 25 day advance notice to act upon it.

*Furthermore, the customer understands that Advanced Property Specialists, Inc. will not be responsible for, and not limited to, **any** fee (late fees or finance charges of any kind, etc...) the customer's financial institutions levies on their account, for any reason regarding the direct debit program.

*The client understands that their payment will be taken out on or around the 5th day of every month unless the 5th day falls on a weekend or holiday. Then it will be taken out on the following business day. Advanced Property Specialists, Inc. will not make any special arrangements to debit any customer's account other than on the 5th of every month. There will be no charge for the initial set up of the direct debit program.

***If the customer (unit owner) changes any banking information or their financial institution, there will be a \$25.00 fee for updating the system.** It is at the sole discretion of Advanced Property Specialists, Inc. to change or modify any portion of the direct debit program without prior notice to the customer/unit owner.

***The ACH program will only deduct the regular assessment.** This program will not pull any other fees such as, but not limited to: late fees, NSF fees, violation fees and/or special assessment fees. These will need to be paid separately.

I (the customer) have read and understand the terms and conditions to use this service. Initial here: _____

Recipient Signature _____

Printed Name _____

Date _____ (The ACH will be drafted on the 5th of the following month from the date above if received by the last business day of the current month.)

Return the completed form to our office at 25885 S. Ridgeland Ave., Monee, IL 60449.