

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I (We) hereby authorize and direct Community Specialists to deduct from my (our) Checking or Savings Account, as listed below, monthly payments to credit monthly assessments and other charges for

Unit No. _____ for Association Lake Run Condominium.

Deductions are taken on the 5th or next business day of each month.

- ☐ Checking – Account Number: _____
or
☐ Savings - Account Number: _____

Financial Institution: _____

Routing Number (ABA): _____

DIRECT DEBIT INFORMATION

This authorization is to remain in effect until Community Specialists has received written notification from me (or either of us) of its termination in such time as to afford Community Specialists and the bank listed above a reasonable opportunity to act upon it.

Print Name

Street Address

Unit Number(s)

City, State, Zip Code

Phone Number

Authorized Signature

Date

ATTACH A VOIDED CHECK HERE

Return form to:
Community Specialists
205 N. Michigan Avenue
Suite 2930
Chicago, IL 60601 or Fax to 312-337-8957