COMMUNITY SPECIALISTS

205 North Michigan Ave
Suite 2930
Chicago, Illinois 60601
312.337.8691 Fax 312.337.8957
info@communityspecialists.net

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/Parking Space No. _____ for Association _____

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.

By signing this form, I am confirming that all banking information is correct.
Signing up for the Auto Debit Program will automatically enroll your Unit(s)/Parking Space(s) in eStatements.

_____	_____
Print Name	Email Address
_____	_____
Street Address	Unit/Parking Space Number(s)
_____	_____
City, State, Zip Code	Phone Number
_____	_____
Authorized Signature	Date

***This form must be submitted to Community Specialists by the 15th of the month to ensure processing for the following month.*

ATTACH A VOIDED CHECK HERE
(*Optional*)

***Confirmation of enrollment in the Community Specialists Auto Debit Program will be indicated on the monthly statement. The bottom left area of the statement will display the message: "**ACH – Do not pay.**"