Kane Property Management Corp.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF ASSESSMENTS

Tired of Writing Checks?	Write one less check! Auto-Pay allows your Association to withdraw monthly assessments directly from your checking account			
Tired of Forgotten Payments, and late fees?	Payments are withdrawn from your account on/around the 3rd day of each month.			
AUTO-PAY	Easy, Convenient, Smartand NO CHARGE!			
(We) hereby authorize KANE PROPERTY MANAC our) account at the financial institution named below assessment statement/invoice/coupon.				

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I (We) understand that my (our) checking/savings account will be debited/credited from the invoice/coupon amount on or about the 3rd of each month, or the first business day thereafter.

	FINANCIAL IN	STITUTION				
NAME OF FINANCIAL INSTITUTION ADDRESS OF FINANCIAL INSTITUTION (_ PHONE OF FINANCIAL INSTITUTION (_ ACCOUNT TITLE	N)					
PLEASE ATTACH COPY OF CH	IECK (we need t	he ABA R	outing Nu	mber & Ac	count Numbe	er)
This authorization will remain in effect until KAne (either one of us) of its termination in such						rom
SIGNED		SIGNED				
NAMEPlease print		NAME _		Please prir		
PHONE: (HOME)/	(BUSINESS)	/		(CELL)	/	
MAIL ADDRESS:						
MAILING ADDRESS			_ Unit #			
PROPERTY NAME & ADDRESS JNIT # OF PROPERTY ADDRESS						

Return this form to: Kane Property Management 806 W. Belmont Chicago, IL 60657-4402

(IF NOT SPECIFIED IT IS IMMEDIATE)

FIRST MONTH

THIS AUTHORIZATION IS EFFECTIVE

(FAX 773-472-7524)

Notice to Account Holder: This agreement authorizes the periodic transfer of funds from your account at the financial institution listed above by electronic means. Your rights and liabilities under this agreement are governed in part by federal laws and regulations dealing with electronic funds transfers. You should consult your agreement with the financial institution which holds your account for a more complete disclosure of your legal rights. The above-signed customer acknowledges that the information provided is true and accurate.