

The Acacia Association

111 Cascade Drive, Indian Head Park, Illinois 60525-4496

Phone: 708-246-2400 • Fax: 708-246-3495

E-mail: acaciaihp@gmail.com

Acacia Association Owners **Automated Assessment Payment (ACH debit)**

We have made arrangements with Wintrust Bank to provide an automated way for you to pay your monthly assessment. With your written authorization, we will be able to automatically debit your account, once each month for the amount of the monthly assessment.

To join the automated payment program, simply complete and sign the authorization form and provide a voided check from the account that will make the payments. Then, on the twentieth (20th) of each month, we will automatically pay your assessment from the account that you have designated.

By joining the program, you agree to maintain sufficient funds in your account to cover the monthly assessment. If The Acacia Association is unable to complete the transaction due to insufficient funds (NSF) or if the account has been closed, we reserve the right to charge your account for any related fees and service charges.

Automated payments will continue until you notify the Acacia Association, in writing, that you want to discontinue this service if you change bank accounts. There is no cost to you for using the automated assessment payment service.

Thank you for participating in the program. We believe this is a valuable and convenient service and we are pleased that we can offer such services to Acacia owners.

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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH DEBITS)

I (We) hereby authorize The Acacia Association to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of U.S. law.

BANK INFORMATION:

Bank Depository Name: _____ Bank Branch: _____

ABA Routing Number: _____ Bank Account Number: _____

City: _____ State: _____ Zip: _____

>>>>ATTACH YOUR VOIDED CHECK TO THIS FORM <<<<<

This authorization is to remain in full force and effect until The Acacia Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Acacia Association and DEPOSITORY a reasonable opportunity to act on it.

Print name(s): _____

Signature(s): _____

Acacia unit address: _____

Phone number: _____

Date: _____

NOTE: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.