

ASSESSMENT DIRECT DEBIT ENROLLMENT FORM

TO ENROLL SIMPLY COMPLETE AND RETURN THIS FORM TO THE FOLLOWING ADDRESS ALONG WITH A VOIDED CHECK.

Association Partners, Inc.
25W560 Geneva Road Box 16
Carol Stream, IL 60188-2231

Please clearly print the following information:

ASSOCIATION: _____

NAME: _____

E-MAIL ADDRESS: _____

FULL HOME MAILING ADDRESS: _____

If you are a non-resident owner please list your unit's mailing address below:

UNIT ADDRESS: _____

NAME OF YOUR FINANCIAL INSTITUTION: _____

NAME OF YOUR BRANCH: _____

FULL ADDRESS OF FINANCIAL INSTITUTION: _____

Please deduct my assessment payment from my: _____
Checking Account #

I hereby authorize Association Partners, Inc. and my financial institution, named above to debit my checking account named above in the name of the Association named above for the amount of my current assessment. This authority will remain in effect until I notify Association Partners Inc. in writing 30 days prior to canceling my participation in the program.

Signature

Date

PLEASE NOTE: We will notify you by return e-mail when your first auto-debit will occur, until that time please continue to remit your assessment payments as you are doing currently. NOTE: Your account balance MUST be zero in order to be enrolled.

BE SURE TO ENCLOSE A VOIDED CHECK WITH THIS FORM.