



AUTOMATIC ASSESSMENT PAYMENT ENROLLMENT FORM

(PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY)

Today's Date: _____

Check One That Applies

Set Up New ACH: _____

Change/Update Existing ACH: _____

Cancel ACH: _____

Association Name: _____

Name(s) of Owners: _____

Billing Address: _____

City _____ State _____ Zip _____ - _____

Phone #'s: Home _____ Work _____

Your financial institution: _____
Copy exact name from your check or statement

Address: _____

City _____ State _____ Zip _____ - _____

Copy bank routing & acct # from check here: _____

Advantage Management is hereby authorized to initiate debit entries to the account named above, for all assessments and charges for the above referenced Association.

Assessments will be debited on the 10th of every month starting: _____ (month/year)

The origination of ACH (Automatic Clearing House) transactions must comply with U.S. law. This authority remains in effect until cancelled in writing, in such time as to afford a reasonable opportunity to act on it. Stop payments require notification to my financial institution no less than 3 business days before the 1st of the month.

X _____ x _____ Dated: _____

PLEASE ATTACH A VOIDED CHECK & STAPLE TO BACK OF THIS DOCUMENT

RETURN THIS FORM BY THE 15TH OF THE PREVIOUS MONTH THAT YOU WANT YOUR ACH TO START. IF THIS FORM DOES NOT GET TO US BY THE 15TH OF THE PREVIOUS MONTH, THEN IT WILL AUTOMATICALLY RUN THE FOLLOWING MONTH.

**Return to: Advantage Management
750 N. Orleans St Suite 220
Chicago, IL 60654**

or Fax to: 312-475-9022