

Writers Direct Phone
847-296-1941 x27
oz27@hanlinmail.com
M-F 9:30a to 4:30p

HANLIN
MANAGEMENT, INC.
1565 ELLINWOOD STREET
DES PLAINES, ILLINOIS 60016

847-296-1941
FAX 847-296-9629

FROM: ODETTE - BOOKKEEPING DEPARTMENT
TO: RIVER WALK CONDOMINIUM ASSOCIATION OWNERS
RE: ELECTRONIC DEBIT AUTHORIZATION FORM

I'm writing to report a convenient and easy way for owners to pay their monthly assessment amount(s).

Attached please find your authorization form, this form will allow your assessment to be automatically withdrawn from your checking account on the 5th of each month.

Please return this form completely filled out to my attention at Hanlin Management. Your account will be set up and automatic debits will begin with your _____ ←
assessment

Please follow this easy steps:

-
1. Attach a check marked void, from the checking account to be debited each month.
 2. Please completely fill out the form on the back, sign and date.
 3. Forms received by the 20th of the month are eligible for next months automatic debit.
 4. You can fax directly to my attention or use our convenient 24/7 drop slot located in our Ellinwood Street Glass Door.

PLEASE DO NOT WRITE BELOW THIS LINE

DATE INSTALLED:

BY:

First Midwest Bank

Authorization Agreement For Automatic Transactions

All ACH entries must be authorized by both the Originator and the Receiver. The Receiver, must authorize the Originator to initiate entries to the Receiver's Account. The Originator must authorize the ODFI to initiate entries on its behalf.

RIVER WALK CONDO ASSN.

HANLIN ACCOUNT NUMBER #080

I (we) hereby authorize HANLIN MANAGEMENT, INC. herein called COMPANY, to initiate DEBIT ENTRIES and to initiate, if necessary, adjustments for any entries made in error to my Checking indicated below at the Financial Institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I approve COMPANY to adjust debit as required when assessment amounts change.

DEPOSITORY INFORMATION

NAME		BRANCH	
CITY		STATE	
YOUR CHECKING ACCOUNT ROUTING NUMBER			
YOUR CHECKING ACCOUNT NUMBER			

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

YOUR NAME			
DATE	SIGNATURE		

Condo Bldg. ADDRESS		UNIT #
CITY, STATE ZIP		

Home Phone:		Work Phone:	
Email:			