

Schubert Properties LLC

Please check one:

_____ Initial Authorization

_____ Bank Change

_____ Account Change

AUTHORIZATION FOR DIRECT PAYMENT – Condo Assessment

I _____ authorize *Schubert Properties, LLC*, and the financial
Owner Name
institution below, to initialize entries to my checking/savings account any time between
the 1st -3rd day of each month starting _____ (month) of
_____(year). I understand that this authorization will remain in effect until I
notify *Schubert Properties, LLC*, in writing, to cancel this agreement, in such time as to
afford a reasonable amount of time for the financial institution to execute this request.
Further, I authorize *Schubert Properties, LLC* to change the direct payment amount to
reflect any future changes in my assessment. I understand that I must notify *Schubert
Properties, LLC* if any information changes (banks, account, or cancellations), in writing
15 days prior to the scheduled payment date.

Owner Signature

Date

Owner Information (Please Print)

First Name

M.I.

Last Name

Phone

Address

Street

City

State

Zip Code

Customer's Bank ABA Routing No.

Checking/Savings Acct No.

Amt to be debited

E-Mail Address

IMPORTANT:

Please send one copy of this form along with a VOIDED check at least 15 DAYS PRIOR TO THE
INITIAL PAYMENT DATE to Schubert Properties, LLC, 77 West Washington Street, Suite 1211,
Chicago, IL 60602.