



2720 S. River Rd. Ste 214  
Des Plaines, IL 60018

Phone: 847-813-5939  
Fax: 847-813-9059

### **Debit Authorization Agreement**

I (we) hereby authorize McKenzie Management Inc. to instruct my financial institution to allow McKenzie Management Inc. to debit my account monthly to pay my Association dues. The authority remains in effect until McKenzie Management Inc. has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until McKenzie Management Inc. has sent me written notice of termination of this agreement. This agreement must be received by McKenzie Management at least 5 days prior to the end of the month in order for the debit to be applied on the 1<sup>st</sup> of the following month. All debits will occur on the 1<sup>st</sup> banking day of the month.

### **Contact Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Condo Unit Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Amount: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Required Financial Information**

Name of Banking Institution: \_\_\_\_\_

Account Type: Checking  Savings

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Transit Routing Number (ABA): \_\_\_\_\_

**Please attach a voided check and return to McKenzie Management Inc.**