

PARK FOREST COOPERATIVE III

Area J
294 Lakewood Blvd
Park Forest, IL 60466
Phone: 708-481-9280
Fax: 708-481-9297

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT

COOPERATIVE

NAME: Park Forest Coopertive III, Area J

MEMBER

ADDRESS: _____

I hereby authorize _____, hereinafter called COOPERATIVE, to initiate credit or debit entries to my checking account at the financial institution hereinafter called the INSTITUTION named below, to credit or debit same to such account.

INSTITUTION NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING/ABA #: _____ CHECKING ACCOUNT#: _____

Amount to withdraw: Monthly Carrying Charge _____

Monthly Lawn Fee _____

This authority is to remain in full force and effect until COOPERATIVE and INSTITUTION has received written notification from me of its termination in such time and in such manner as to afford COOPERATIVE and INSTITUTION a reasonable opportunity to act on it.

NAME: _____ ADDRESS: _____
(PLEASE PRINT)

DATE: _____ SIGNED: _____