

Cambridge Lakes Community Association  
C/O Foster Premier Inc  
750 West Lake Cook Road, Suite 190  
Buffalo Grove IL 60089

Dear Cambridge Lakes Community Owner(s),

Foster/Premier Inc., as agent for your association, has the capability of a direct payment system whereby your monthly assessment can be deducted automatically from your bank account. You will not have to worry about mailing your monthly assessment check, save postage, and save time and effort in writing out a check.

The following are basic facts about the program:

- The amount of your assessment will be withdrawn and posted on your account on the **tenth (10) of every month**, or the first working day thereafter if the 10<sup>th</sup> of the month falls on a weekend or holiday.
- The deduction should appear on your bank statement to show proof or the receipt of your payment. Remember to record the amount in your check register each month.
- If the funds are not in your account on the payment date, your bank may charge an NSF fee as it would any check presented for a payment without sufficient funds.
- It takes approximately forty-five (45) days lead time to institute the program on your behalf and thirty (30) days written notice to cancel the program. Please confirm with your bank that the transactions have been initiated.
- If you change bank accounts or banking institutions, you will need to notify management as soon as possible and complete a new application.
- **Please refer to the check image below to ensure you are NOT including your check number in either the routing or account number.**

YOUR NAME 123  
1234 Main Street  
Anywhere, OH 00000 DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

044072324 000123456789 0123  
ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

If you would like to take advantage of the program, complete the enclosed form, and mail it to the management office at 750 W. Lake Cook Rd. Suite 190 Buffalo Grove, IL 60089.

Very truly yours,  
Jamie Catherine Falconer  
President, FOSTER/PREMIER INC.

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC PAYMENT OF ASSESSMENTS**

I (we) hereby authorize FOSTER/PREMIER, INC., as agents for Cambridge Lakes Community Association, to initiate debit/credit entries to my (our) account at the financial institution named below in the amount indicated on my (our) monthly assessment statement.

I (we) understand the my (our) checking/savings account will be debited/credited from the statement on the **10th of every month**, or the first business day thereafter.

**FINANCIAL INSTITUTION**

**Name of Financial Institution:** \_\_\_\_\_

**Bank Account Owner(s) Name:** \_\_\_\_\_

**Type of Account:**    **Checking** (\_\_\_\_)    **Savings** (\_\_\_\_)

**Routing No.**

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**Account No.**

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This authorization will remain in effect until FOSTER/PREMIER, INC., as Agents for Cambridge Lakes Community Association has received written notification from me (either of us) of its termination in such time and manner as to allow reasonable opportunity to act on it.

**SIGNED:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**HOMEOWNER'S EMAIL ADDRESS:** \_\_\_\_\_

**PHONE No.:** \_\_\_\_\_ **(BUSINESS) No.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **UNIT No.** \_\_\_\_\_

**ADDRESS OR ACCOUNT No. FOR ACH TO BE POSTED:** \_\_\_\_\_  
*(Located on your assessment statement)*

**Notice to Account Holder:** This agreement authorizes the periodic transfer of funds from your account at the financial institution listed above by electronic means. Your rights and liabilities under this agreement are governed in part by federal laws and regulations dealing with electronic fund transfers. You should consult your agreement with the financial institution which holds your account for a more complete disclosure of your legal rights. The above signed customer acknowledges that the information provided is true and accurate.