



CHICAGO CONDO MANAGEMENT & MAINTENANCE Co.



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AUTOMATIC PAYMENT (ACH) AUTHORIZATION FORM

Submit this completed form with a copy of a check to billing@ccmmc.com or fax to 773-328-8633.

Payments will automatically be deducted from your account each month between the 5th and the 10th. No special assessments or other charges will be processed without a separate written authorization.

Unit owner name: _____

Address and unit number: _____

Monthly payment amount: _____

Effective date: _____

Bank name: _____

Bank routing number:

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Bank account number: _____

Name on bank account: _____

Type of account: _____

I authorize the use of the information above to automatically deduct payments from my account in the amount indicated. In the event that any ACH payment is refused I authorize an attempt to re-process the transaction three days later with the addition of a returned payment fee of \$25.

I authorize the increase or decrease of this payment to reflect changes in my Association's budget and my monthly assessment amount.

Signature: _____

Date: _____