



# PARK TOWER CONDOMINIUM ASSOCIATION

5415 N. SHERIDAN ROAD, SUITE 107, CHICAGO, ILLINOIS 60640-1966

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## **AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT**

*I hereby authorize The Habitat Company to initiate debit entries to my account at the bank named below in the amount indicated on my monthly invoice.*

*I understand that my checking/savings account will be debited for the total invoice amount no earlier than the 1st of the month.*

Name of Bank: \_\_\_\_\_

Checking Account:

Saving Account:

**PLEASE ATTACH A  
VOIDED CHECK**

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

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

*This authorization will remain in effect until The Habitat Company has received written notification from me of its termination in such time and manner as to allow The Habitat Company reasonable opportunity to act on it. Insufficient funds will be treated as such, and a \$55 processing fee will be charged to the payer for each rejected payment; this fee is subject to change as per the PTCA fee schedule.*

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

Name (please print): \_\_\_\_\_

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

Unit: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Office use*

Initial: \_\_\_\_\_ Start Month/Year: \_\_\_\_\_

Owner Code: \_\_\_\_\_ End Month/Year: \_\_\_\_\_

Property: Park Tower 514