

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I (we) hereby authorize MC GILL MANAGEMENT, INC., hereafter called "Company" to initiate debit entries to my (our) account indicated below, and I (we) authorize the financial institution named below, hereafter called the "Institution", to charge the amount of the monthly assessment fee to my (our) account. I (we) further authorize the "Company" to initiate credits to my (our) account to correct any errors, and the Institution to deposit any such corrections to my (our) account.

This authority is to remain in full force and effect until I (we) revoke the agreement as hereafter provided. Any revocation is effective only after Company has received written notice from me (us) to terminate this agreement in such time and manner to afford reasonable opportunity to act upon the notice not to exceed 30 days. I (we) have the right to stop payment of a debit entry by notification to institution in such time and manner to afford a reasonable opportunity to act prior to charging the account.

Name(s): _____
Signature(s): _____
Telephone Number: _____
Property Address: _____
Association Name: _____
Financial Institution Name: _____
Financial Institution Telephone Number: _____
Financial Institution Transit/ABA Number: _____
Month to start deduction: _____

INSTRUCTIONS:

1. Complete the form above. If your checking account is a joint account; both account holders must sign this form.
2. Attach an unsigned and voided check to this form, to assist us in verifying data
3. Keep a copy of this completed authorization for your records
4. The transit/ABA number and account number are printed across the bottom of your check, along with the check number, about on quarter inch from the bottom edge
5. Return completed form to: MC GILL MANAGEMENT, INC.
1314 N. Rand Road
Arlington Heights, IL 60004
Attention: Leanne
6. Or the form may be faxed to 847-259-1666