

Date: _____

New Checking Account Notification Form

TO: Community Advantage / Deposit Services

Fax: 847-842-8904

Association Name: _____

Address: _____

City, State, Zip: _____

Effective Date: _____

Account Number: _____

Tax Identification Number: _____

Average # of checks written per mo: _____

Average \$ amount of checks written per mo: \$ _____

ACH Y or N

Number of Units in Property: _____

Assessment Range for Property: \$ _____

Lockbox Building ID: _____

On-Site management office address, if applicable:

