



March 2, 2015

Dear Homeowners,

We have recently completed our new banking arrangements. For those of you who did not send in a January or February assessment payment please do so now. Your March assessment is also now due. There will be no late fees assessed until April's assessment is past due.

As we have said, you may pay your assessment in one of three ways.

1. Make a check payable to Charter Hall Homeowners' Association and mail it along with a CARE Property Management coupon (sent to you recently). Your check and the coupon will fit in a DD envelope. If you owe more than one month you may write one check for everything or put more than one check in the envelope. The coupon is really just an address label. Please destroy your DD payment coupons to avoid any confusion.
2. Setup an ACH (direct debit) arrangement. In the ACH process you give the association permission to debit your bank account for the amount of the assessment. While the associations bank will not charge you a fee for this, there is a possibility that your bank or a 3rd party processor may. If you choose this method of payment, please fill out and return the ACH form to CARE, along with a voided and unsigned check. Please indicate the number of months that you want us to initially debit, after which we will debit only for the current month.
3. Setup an automatic recurring online electronic payment (bill pay) from your bank to the association. Most banks will do this without any fees to you. Your bank will "send" your assessment payment to the association each month on the date you choose. If you owe more than one month you will need to add a temporary extra payment to cover that.

Please contact CARE with any questions or requests.

CARE Property Management, Inc.
Joan Ness, property manager, Darlene Engvall, property manager
1985 E. Devon Ave.
Hanover Park, IL 60133
630-855-2279 (or for off-hour emergencies 630-464-9014)
joan@careprop.com or darlene@careprop.com
www.careprop.com

Please take a moment to fill out and return the attached contact information form so that we can update our records if needed. Please use the attached survey form to share any concerns you may have with the board.

Thank you.
The Board of Directors
Charter Hall Homeowners' Association

Please file this with your other important Charter Hall documents for future reference.

As always, please contact us with any questions, issues, or suggestions. You may email us at charterhall@careprop.com, or call CARE Property Management at one of the numbers above. Remember – we can't fix what we don't know about.

Charter Hall Homeowners Association

Direct Debit (ACH) Program

Care Property
Management, Inc.
1985 E. Devon
Avenue
Hanover Park, IL
60133

(630) 855-2279 Office
(630) 855-6388 Fax

Payments will be
debited on the 5th of
the month.

If you currently owe
more than March,
please indicate how
many months you
would like debited.

months

CARE Property Management, Inc. announces the Direct Debit Program for our clients.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method to pay for assessment fees.

With Automated Payment, you can eliminate the hassle of mail delays and late payments. Direct Debit offers you:

- Assurance of Timely Payments
 - Convenient Payment Method
 - Simple and Easy Sign-up

- Clients choosing the Direct Debit Program ensure their payment has been received
- Your payments are made directly from your account, eliminating time-consuming mail delays
- Direct Debit plan gives you the reliability and safety advantages of knowing your payments are made, even if you are out of town.

Instructions: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I (we) authorize Care Property Management, Inc. hereinafter called "Company", to initiate debit entries to my (our) checking account indicated below and the institution named below, hereinafter called "Institution", to debit the same such account.

I (we) further authorize "Company" to initiate credits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "Company" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Member Signature _____

Bank Account Number _____

Member Name _____

Bank Name _____

Address _____

Bank Address _____

City, State, Zip _____

City, State, Zip _____

Routing Number _____

