PRE-AUTHORIZED PAYMENT FORM

Condominium Corporation Common Element Fees

CORPORATION NA	ME				UNIT#	
		rn this form to Key Property Maccount to ensure the accuracy	_			•
NAME OF OWN	IED (0)					
NAME OF OWN	NER(S)					
MAILING ADDRESS				9	SUITE NUMBER	
	CITY		PROVINCE		POSTAL CODE	
TELEPHONE				RNATE PHONE		I
EMAIL						
may be assessed of Corporation's Declar Two to five (2-5) be NOTE: To ensure cheque (or equivaled Forms must be submarked preceding month. (Forms to start on June 1st, your office by May 25)	aration, pusiness accuracent band nitted no or exam your for th.	nt. I/We further understing fees of in addition By-laws and policies. Proceeding the days should be allowed for the days should be allowed for the days and marked "VOID" I later than the 25th day of the ple, if you would like payment mould have to be received. ARE DEPOSITED TO Y	To any a Payments are for processing process	additional fees te processed at the payments by INAY MANGAR LUNDY'S LANE WHERE, ONTARIO 1Y3 PAY TO THE ORDER OF REQUE BRANCH INSTITUTION MBER NUMBER NUMBER NUMBER	levied by the the beginning of the bank.	Condominium of each month
Print Name		Signature			Dat	re
Print Name		Signature			Dat	re
		s, all depositors must sign if mo corporation, please affix corpor		-	_	d against the
		return this form via email, mail,				
09-1030 Upper James St, Hamilt		6X6 KEY PROPERTY MANAG			D. (905)-538-6220	info@keymanagement.ca