## PRE-AUTHORIZED PAYMENT FORM

## **Condominium Corporation Common Element Fees**

UNIT#

(905)-538-6220

info@keymanagement.ca

CORPORATION NAME

309-1030 Upper James St, Hamilton ON L9C 6X6

*		n this form to Key Property M ecount to ensure the accuracy				•
NAME OF OWNER(S)						
MAILING ADDRESS					SUITE NUMBER	
	CITY		PROVINCE		POSTAL CODE	
TELEPHONE	,		ALTER TELEP			
EMAIL						
the Corporation to effect until cance of Pre-Authorized may be assessed Corporation's Dec. Two to five (2-5)  NOTE: To ensure cheque (or equival Forms must be subrepreceding month. (Fit to start on June 1st, our office by May 25)	Payment processin laration, business accuracy ent bank mitted no for examp your form 5th.	the amount owing from me/us in writing at least. I/We further understag fees of in addition By-laws and policies. Padays should be allowed at PLEASE attach a sample form) marked "VOID" later than the 25th day of the le, if you would like payment would have to be received ARE DEPOSITED TO Y	east ten (10 and that a to any acayments are for processing the same and the same a	account.  ) business  my payments  dditional feet processed and payments  YMANGAR INDYSLANE HERE, ONTARIO 3  PAYTO THE ORDER OF LONG BRANCH INSTITUTE ORDER O	This authorization days prior to the not honoured by ses levied by the at the beginning of by the bank.	shall remain in next due date y my/our bank e Condominium of each month.
Print Name		Signature			Dat	:e
Print Name		Signature			Dat	 :e
account. If signing on b	ehalf of a c	all depositors must sign if mo corporation, please affix corporeturn this form via email, mail,	rate seal or atta	ach resolution	of signing authority.	1 against the

KEY PROPERTY MANAGEMENT & CONSULTANTS LTD.