

(Print Condominium Name) _____

Condominium

PRE-AUTHORIZED PAYMENT (ELECTRONIC FUND TRANSFER) AUTHORIZATION FORM

This form will authorize Amhurst Property Management Ltd. to process my monthly condo fee for the above Condominium, effective the first (1st) Day of each month, in the amount of \$ _____, via Direct Debit from my Bank Account.

Name (Please Print)

Address

(City)

(Province)

(Postal Code)

(Phone No)

I / WE HEREBY AUTHORIZE

(Name of Bank or Financial Institution)

(Branch Address)

(City)

(Province)

(Chequing Account Number)

TYPE OF CHEQUING ACCOUNT (Check One)

Chequing Savings Personal Chequing (PCA) Current

TO DEBIT MY/OUR ACCOUNT INDICATED ABOVE EACH MONTH FOR ALL PAYMENTS PAYABLE TO:

AMHURST PROPERTY MANAGEMENT LTD.

Condominium Corporation: _____
(Please Print Condominium Name)

(_____) _____
(Unit No)

Payment Commences _____

I/We the applicant(s) authorize my/our above named bank to debit my/our account for the monthly fees payable to Amhurst Property Management Ltd. Payments are due the first (1st) day of every month as payment in part for the fees due on the property named above.

I/We acknowledge the right for Amhurst Property Management Ltd. to cancel my/our participation in the payment plan if any payments are not honoured by the participant's bank, and there will be \$50.00 Service Charge for each payment denial.

I/We acknowledge that if this fee should change at any time, the direct debit will also change accordingly. Amhurst Property Management Ltd. will, to the best of their ability, advise the participant(s) of the revised amount thirty (30) days in advance of its effective date.

I/We acknowledge that should my/our Account/Financial Institution change, that I/we will advise Amhurst Property Management Ltd. in writing of the changes at least one month before the payment is due.

Your treatment of each payment shall be the same as if I/we have personally issued a cheque authorizing you to pay as indicated to debit the amount specified to my/our account.

This authorization may be canceled at any time upon written notice to Amhurst Property Management Ltd.

Any delivery of this authorization to Amhurst Property Management Ltd. constitutes delivery by me/us.

(Date)

(Signature)

(Signature)

PLEASE ENCLOSE ONE OF YOUR PERSONAL CHEQUES MARKED "VOID"

FOR A JOINT ACCOUNT, ALL PARTIES MUST SIGN