

Pre-Authorized Payment Authorization Form

TO: (THE COMPANY) Cannon Greco Management Limited		
CUSTOMER(S) NAME(S):		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
NAME OF FINANCIAL INSTITUTION:		
BRANCH ADDRESS:		
CITY:	PROVINCE:	
BANK NUMBER:		TRANSIT NUMBER:
ACCOUNT NUMBER:		

I/WE (the above named Customer(s) authorize the Company to debit my/our account indicated above, in the amount of SEE BELOW on the FIRST day of each month, for CONTINUAL months, for payments payable to the COMPANY in respect of:

Common Element Fee Charges

Each payment shall be the same as if I/We had personally issued a cheque authorizing the bank to pay the Company as indicated and to debit amounts specified to my/our account.

I/We understand that the Bank is not responsible to verify whether the payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice me/us to the Company. I/We understand that if I/We cancel the authorization, it does not mean that my/our contract obligations to the Company are ended.

Any delivery of this authorization to the Company constitutes delivery me/us to the Bank.

I/We am/are all the persons who are required to sign on the above account.

I/We have received a signed copy of this authorization form.

DATE

CUSTOMER SIGNATURE

DATE

CUSTOMER SIGNATURE

All pre-authorized payments are processed on the first banking day of each month.