

PAYERS AUTHORIZED FOR PRE-AUTHORIZED DEBITS FOR
PERSONAL/HOUSEHOLD PURPOSES

PAYER'S NAME AND ADDRESS: Please print

A) I/WeName(s): _____

B) Address: _____

C) City and Province: _____

D) Phone Number(s): _____

E) Payment for Unit # _____ - 150 Park Street West, Windsor, ON.

THE ABOVE HEREBY AUTHORIZE **ESSEX CONDOMINIUM CORPORATION #35**
TO DEBIT MY/OUR ACCOUNT

- **Items f through h is only used if you do not have a void cheque to attach to this form.**

f) Your Bank: Name: _____

g) Address of Bank: _____

h) Transit # _____ Account # _____

For the payment of condominium fees on the first day of each month at the current monthly rate, and as changed in the future with proper notice provided by the corporation.

Each payment shall be treated the same as if I/We had personally written direction authorizing Essex Condominium Corporation #35 to debit the amount specified to my/our account. This authorization shall remain in effect unless repealed in writing by me/us.

l) Date: _____

j) Name(s): _____

k) Signature: _____

l) Signature: _____

Please note for joint account that all depositors must sign if more than one signature is required on cheques issued against the account. Pre-authorized debit forms must be received prior to the 20th day of the month to be effective the following month.

PLEASE REMEMBER TO ATTACH A VOID CHEQUE.