

**PAYER'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR
PERSONAL/HOUSEHOLD PURPOSES**

ECC#3

PAYER'S NAME AND ADDRESS: (Please Print)

a) I/We Name(s): _____

b) Address : _____

c) City and Province: _____, On

d) Phone Number(s): _____

e) Payment for unit(s): _____

THE ABOVE HEREBY AUTHORIZE **ESSEX CONDOMINIUM CORPORATION #3** TO DEBIT MY/OUR ACCOUNT:

*** Items f through h are only to be filled out if you do not have a Void Cheque to attach/include with 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 London Condominium Corporation #2 to debit the amount specified to my/our account. This authorization shall remain in effect unless repealed in writing by me/us.

i) Date: _____ ,

j) Name(s) of Owner(s): _____,

k) Signature(s): _____.

***Please note for joint accounts that all depositors must sign if more than one signature is required on cheques issued against the account.**

*** PLEASE REMEMBER TO ATTACH A VOID CHEQUE IF YOU ARE NOT FILLING OUT SECTIONS F THROUGH H ABOVE.**

***Note: Pre-authorized debit forms must be received in the Condos Plus office prior to the 20th day of the month in order to be effective for the beginning of the following month.**

ECC #3 C/O Condos Plus Property management Inc.
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