

**PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM**

The information provided on this form is collected under the authority of the Personal Information Protection Act, part 2, section 3(11) and will be used to set up pre-authorized payments. Any questions about the collection of this information may be directed to the Office Manager at (403) 250-7999.

**Contact Information** (please print)

Full Name		Phone Number	
Address	City	Province	Postal Code

Please attach a "VOID" cheque or personalized deposit slip in this space.

If you are using a "non-chequing" account, please contact your bank for the necessary account information.

**I / WE HEREBY AUTHORIZE MAGNUM PROPERTY MANAGEMENT LTD. TO DEBIT MY / OUR ACCOUNT INDICATED ABOVE EACH MONTH FOR ALL PAYMENTS PAYABLE TO:**

\_\_\_\_\_ (Name of complex)

for \_\_\_\_\_, Unit No. \_\_\_\_\_  
(Address of complex)

Payment commences on the first banking day of \_\_\_\_\_, 20\_\_\_\_

Your treatment of each payment shall be the same as if I / we have personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my / our account. I/we will advise of ANY CHANGES including bank account or address change, at least 7 business days prior to the end of the month.

TO CANCEL PLAN: Authorization is to remain in effect until cancelled by either myself or MAGNUM Property Management Ltd. by written notification. It is **your** responsibility (not your lawyer's) to inform us in **writing** to stop pre-authorized payments when property is sold.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.