

LARLYN PROPERTY MANAGEMENT LTD.

## PRE-AUTHORIZED PAYMENT PLAN

Electronic Fund Transfer Form Condo Corporation Common Expense Fees

Form 47540 June 2015

CORPORATION NAI	ME				UNIT#	
		n this form to Larlyn Proper e the accuracy of the instituti			-	ch a VOID cheque
NAME OF OWNER						
NAME OF CONTACT	Γ					
COMPLETE					SUITE NUMBER	
MAILING ADDRESSS	CITY		PROV		POSTAL CODE	
TELEPHONE			ALTERNATE TELEPHONE			1
EMAIL						
/We direct that payme	ents be tak	en from the account as detail  cy, PLEASE attach a sam  DAVID B. SHEFFIELD  123 MAIN STREET, APT 45 12001 123-4507 PAY TO THE ORDER OF  YOUR FINANCIAL INSTITUTION ANYTOWN, USA  FOR  1: 1 2 3 4 5 5 7 8 0 1: 0 3 0 1 1	pple cheque	(or equivalent of the other of	que:	arked "VOID"
		ave to be received in our offic	_		ii you woulu like pa	iyinicintə to Stalit Ol
Print Name		Signature			D	ate
Print Name		Signature			D	ate
		nts, all depositors must sigr of a corporation, please aff				