ENROLLMENT AUTHORIZATION FORM YORK CONDOMINIUM CORPORATION No. 217

FOR OFFICE USE ONLY	NEW	CHANGE	
ADDRESS: 1338 York Mills I	Road SUITE NO.		
AMOUNT:			
PRE	-AUTHORIZED	PAYMENT	
Name(s)/Payor(s):			
Address:			
Phone No. Home:			
I/We authorize A.A. Property Ma electronic or other form in the an 1 st day of each month commencing statement/budget mailed to me/us. I/We acknowledge that I/we have and conditions of the pre-authorize	nount of the common g s from time to time. c read & understand	element expense on my/our as detailed to me	account on the
Signature:			
Signature:			
I/We hereby authorize A.A. Prop Condominium Corporation No. 2	erty Management &	Associates Inc on behalf of	
		[p	ayor]
With the Processing Institution for	or the above purpose.		
Name of Bank or Trust Compan	y	Account Number	

Please attach a VOID CHEQUE

We cannot process payments that have already become due. If you cannot ensure that your form will reach us by the 20th day of this month, please provide a cheque for the upcoming month. Your pre-authorized debit [PAD] will be entered for the following month.