



LONGLEY
CONDOMINIUM SERVICES LTD.

Pre-Authorized Payment Form

LINDSAY TERRACE CONDOMINIUMS

Condo Plan Number 212611

I hereby authorize Longley Condominium Services Ltd. to initiate monthly electronic debits, commencing _____ and continuing each month thereafter, and for the financial institution specified by me to pay the amount from my account.

This authority is to remain in effect until revoked by me in writing. Any changes, or notice of cancellation must be received by our office at least 12 days prior to the next payment date. I understand that both Longley Condominium Services Ltd. and my financial institution reserve the right to terminate this payment plan or my participation therein.

Place your "void" cheque in this space

PLEASE PRINT CLEARLY

Unit Number: _____

Owner Name: _____

Owner Phone Numbers: _____

Owner Signature: _____ Date: _____
(Authorized Signature of Account Holder)

Owner Signature: _____ Date: _____
(Authorized Signature of Account Holder)

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