

# PRE-AUTHORIZED PAYMENT PLAN

Corporation: **KINGSWAY REAL ESTATE BROKERAGE**



- Complete and sign the authorization below.
- Attach your personal blank cheque marked "VOID"
- Deliver the authorization form to our office

I authorize Kingsway Real Estate Brokerage, and the TD Canada Trust (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments of:

Initial: Ninety Nine Dollars (\$99 + HST)  
On 1<sup>st</sup> of each month, beginning next month from today in respect to my monthly Kingsway Real Estate Brokerage, admin. fees.  
and

Initial: Thirty Nine Dollars & Ninety Five Cents (\$39.95 + HST)  
On 1<sup>st</sup> of each month, beginning next month from today in respect to my web site:  
Domain name: \_\_\_\_\_ and

Initial: Office Rental Fee: (\$ + HST)  
On 1st of each month in respect to my office rental.

This authority is to remain in effect until Kingsway Real Estate Brokerage has received written notification from me of its change or termination. Kingsway Real Estate Brokerage, may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I warrant that all persons whose signatures are requested to sign on this account have signed this agreement.

Others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PRINT

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**By Bank Transfer:**

ATTACH VOID CHEQUE

**Chequing Account**  **Saving Account:**

**By Credit Card:**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security# : \_\_\_\_\_ VISA  Master Card  Card Holder Name: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Kingsway Real Estate Brokerage Address: 151 City Centre Drive #300 Mississauga Ontario L5B1M7 905-268-1000