AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENT PLAN FOR COMMON EXPENSE PAYMENTS

Please complete and return this form together with an unsigned cheque marked "Void" from the bank account to be used (for verification purposes)

To: TORONTO STANDARD CONDOMINIUM CORPORATION NO. 1737
(the "Condominium Corporation")

The undersigned hereby authorize(s) the Condominium Corporation (as payee) to debit the account detailed below, as confirmed on the attached "VOID" cheque (the "Account"), either in paper, electronically or by any other form or means, for the sole purpose of paying the monthly common expenses hereinafter owing to the Condominium Corporation and relating or attributable to the following unit(s), namely:

Dwelling Unit- Level-	**Parking Unit- Level-**	**Parking Unit- Level-**	**Locker Unit- Level-**
Municipally known as: Suite # , 1 8 MONDEO DRIVE, SCARBOROUGH, ON M1P 5C8			

presently amounting to **$** _____ **per month**, payable monthly on the **1st** day of each month, beginning with _____ which total monthly common expense figure (and corresponding monthly debit from the Account) shall hereafter be varied in order to reflect changes to the annual budget(s) of the Condominium Corporation, as approved by the Condominium Corporation's board of directors from time to time. The undersigned expressly authorize(s) the Condominium Corporation to increase or decrease the monthly debit(s) from the Account in order to reflect all changes to the total monthly common expenses attributable to the above-noted unit(s).

DETAILS OF THE ACCOUNT:

Account No.	**Transit No.**	**Institution No.**
Name of Bank:		
Branch Address:		

For joint accounts, all account holders must sign if more than one signature is required on *cheques issued or drawn against the Account.*

The undersigned expressly acknowledge(s) and agree(s) that:

a) the delivery of this Authorization to the Condominium Corporation constitutes delivery by the undersigned to the branch of the financial institution at which the Account is maintained, and that such financial institution is not required to verify that any of the payments or debits are drawn or made in accordance with this Authorization;

b) the undersigned will notify the Condominium Corporation in writing forthwith following any changes in the Account information; and

c) this Authorization shall continue to be effective unless and until cancelled or revoked by the undersigned upon written notice delivered to the Condominium Corporation at least fifteen (15) days prior to the next due date of any pre-authorized debit.

The undersigned expressly acknowledge(s) and confirm(s) having read and understood all of the foregoing terms and provisions.

Dated this _____ day of _____, 20 ____.

Print Name of Account Holder	Print Name of Account Holder
Signature of Account Holder	Signature of Account Holder

IMPORTANT: PLEASE ATTACH A "VOID" CHEQUE TO THIS FORM