

Kenron Residents Association
Pre-Authorized Withdraw Program

Customer Information:

Name: _____

Address: _____

Banking Information:

Bank: _____

Branch Location: _____

Transit: _____ Institution #: _____ Acct #: _____

I hereby authorize the Kenron Residents Association to withdraw the monthly maintenance fee from my account of the 1st of each month.

I hereby authorize the Kenron Residents Association to withdraw the proportionate share of municipal property taxes on the 15th of each month, from my account. I am aware that an adjustment to the property taxes will be made once the City of Quinte West has set the mill rate for the current year.

Customer Signature: _____ Date: _____

Attach void cheque here

Office Use Only

MF Program Start Date: _____ Entered In Computer: _____

TX Program Start Date: _____ Entered In Computer: _____

Date:	Amt:	Re: