PREAUTHORIZED CREDIT FORM

I authorize CHAMBERLAIN PROPERTY GROUP INC. TO CREDIT MY BANK ACCOUNT.

Address:				
City/Town:		Provinc	ce: Postal	
C	Code:	Financial		
Institution:				_ Bank
Account Number:		Transit Number:		
Address:				
City/Town:		_Province:	Postal Code:	
Authorized Signature(s):			_	
Authorized Signature(s):			_	
HELP US ENSURE THAT YOUR DEPO	SIT INFORMA	TION IS CORRECT - I	PLEASE ATTACH A VO	ID CHE

