Please fill out one or both of the Pre-Authorized Debit and Credit Card sections and email to account.manager@coreit.ca.



Pre-Authorized	Debit	Payment				upport@coreit.ca	(604) 632-4110
Date		Billing Date 5 th of the Month	C	Other			
Company Name							
Address City				Province Postal Code			Code
Depository Name (Bank, Savin	ngs Institution	, Credit Union etc.)					
Bank ID (3 digits)	Bank Transit Number (5 digits)				Account Number		
Type of Account	Phone Numi			Email Address			
Chequing Savings							
Signature				YOUR NAME 123 YOUR STREET YOURGITY, ONTAK		DATE	725
				PAY TO THE ORDER OF			\$ IIII
Please include a scan or cheque to confirm your	■ YourBank 123 THER STREET 100 HIGHT, OMFARIO RISE 167 MEMO						
Credit Card Pa	CI	HEQUE#	TRANSIT# INSTITUTION (5 digits) (3 digits)	# BANK ACCOUNT#			
Date		Cardholder Name					
Credit Card Type		Credit Card Number					
Visa MasterCard American Express							
Expiration Date		3-digit Security Code					
Credit Card Billing Address	1	City			Province	Postal C	Code
Cardholder Signature		Cardholder Phone Number			Email Address		

___ (please print) authorize Core Information Technologies Ltd. to charge the above account for recurring monthly charges.