



2024/25 Annual ABRA Fee Payment

PLEASE PRINT CLEARLY

Name: _____

Property Address: _____

City: _____ Province: _____ Postal Code: _____

Email _____ Phone: (_____) _____

PAYMENT METHOD:

- CHEQUE** (*make payable to Auburn Bay Residents Association*)
- CREDIT CARD** (*please note there is a \$7.50 Credit Card Processing Fee*)

CREDIT CARD INFORMATION

By submitting this form, I authorize the Auburn Bay Residents Association, to charge my credit card with a one-time charge for the 2024/25 Annual Fees for the following amount:

\$ _____

Credit Card Type: MasterCard Visa

Number: _____ Expiration: _____ / _____ CVC: _____

Name as it appears on the card: _____

Cardholder Signature X _____ Date: _____