

PRE-AUTHORIZED PAYMENT PLAN



PLEASE ALSO INCLUDE A VOID CHEQUE OR FORM FROM YOUR FINANCIAL INSTITUTION IN LIEU OF A VOID CHEQUE

CORPORATION _____ **SUITE #** _____

TERMS AND CONDITIONS

I (We) authorize the Payee (the "Corporation") to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (We) maintain the account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (We) will notify the Payee in writing of any changes in the account information 10 business days prior to the next due date.

This Personal Pre-Authorized Debit (PAD) is for the monthly maintenance fees, applicable utility payments and any fees associated with the common expenses of the condominium corporation.

I (we) acknowledge certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I (we) may contact my/our financial institution or visit www.cdnpay.ca.

OWNER INFORMATION

Name(s) _____

Address _____

Email _____

Phone _____

I (We) authorize _____ (the "Corporation") to process and debit, in paper, electronic, or other form, in the amount of \$ _____, or such amount determined by the Board of Directors, on or around my (our) account on the 1st of each month beginning _____, 20____.

BANKING INFORMATION

Bank / Fin. Inst. _____ **Address** _____

Type of Account Chequing Savings **Branch #** _____

Account # _____ **Transit #** _____

Signature(s) _____ **Date** _____

Signature(s) _____ **Date** _____

I (we) acknowledge that authorization may be revoked at any time, subject to providing notice (10 business days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.