5160 Explorer Dr, Suite 17
Mississauga, Ontario
L4W 4T7

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Pre-Authorized Payment Plan Authorization

for Condominium Monthly Assessment Fees

RE: Suite No.: _____ 33 Weldrick Road East, Richmond Hill, ON L4C 8W4

Owner(s) Name(s): _____

Owner(s) Address: _____

_____

TO: **York Region Condominium Corporation No. 616**, (the **'Condominium'**).

AND TO: Canlight Hall Management Inc. (the **'Condominium's Agent'**).

AND TO: The Owner(s) Financial Institution, Bank, or Trust Company (the **'Bank'**).

Name of Bank: _____

Branch Address: _____

City, Province: _____

Branch Transit No.: _____ Account No.: _____

THE UNDERSIGNED OWNER(S) AUTHORIZE the Condominium, and the Condominium's Agent on the Condominium's behalf, to process a withdrawal, in paper, electronic, or other form, from the above Account at the above indicated branch of the Bank, in payment of the monthly condominium Common Assessment Fees, as may be assessed by the Condominium from time to time and attributed to the Owner(s) Suite (as indicated above).

A withdrawal may be made from the Account indicated above, for each month, effective for the month indicated below. The Condominium will, from time to time, notify the Owner(s) of changes in the Common Assessment Fees, by mail to the Owner(s) Address for Service.

The Owner(s) will notify the Condominium (in care of the Condominium's Agent at the Condominium Office, 5160 Explorer Dr, Unit 17, Mississauga, Ontario, L4W 4T7) promptly, in writing, if there is any change in the above account information or if this Authorization is to be terminated. The Terms and Conditions on the back of this Agreement apply.

Date _____ 20_____ Effective for the month of _____ 20_____

Owner's Signature: _____ Owner's Signature: _____

Owner's Name: _____ Owner's Name: _____
(PLEASE PRINT) (PLEASE PRINT)

NOTE:
1. **Please <u>ENCLOSE ONE CHEQUE</u> for your account, <u>MARKED VOID</u>.**
2. **If more than one signature is required on cheques, ALL SIGNATORIES MUST SIGN THIS AGREEMENT.**

TERMS and CONDITIONS

1. It is acknowledged and agreed by the Owner(s) that if there are insufficient funds on deposit in the account at the time that the withdrawal is made by or on behalf of the Condominium, the insufficiency shall be deemed by the Condominium to be non-payment of the Common Assessment Fees for the particular month. In addition, the Owner(s) acknowledges and agrees that if any service fees or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be paid promptly by the Owner(s).

2. The Bank is not required to verify that any withdrawals made by, or on behalf of, the Condominium are in accordance with this Authorization or any agreement made between the Owner(s) and the Condominium.

3. It is acknowledged that in order to cancel this Authorization the Owner(s) must provide 14 days prior written notice to the Condominium, in care of the Condominium's Agent at the Condominium Office, at 5160 Explorer Dr, Unit 17, Mississauga, Ontario, L4W 4T7. **This authorization may be cancelled at any time, and cancellation will be effective 14 days after such written notice of cancellation is actually received by the Condominium's Agent.**

4. The right is acknowledged by the Owner(s), to full reimbursement of a pre-authorized withdrawal made from the account by the Bank, if the right is exercised within 90 days after the item in dispute is posted to the account and any of the following conditions apply: (a) the Condominium was never provided with an authorization, (b) the withdrawal was not made in accordance with the Authorization that was provided to the Condominium, (c) the Authorization that was provided to the Condominium was revoked in writing, or (d) the withdrawal was posted to the wrong account due to incorrect account information. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

5. It is acknowledged by the Owner(s) that delivery of this Authorization to the Condominium constitutes delivery by the Owner(s) to the Bank. It is warranted by the Owner(s) that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the Owner(s) of a signed copy of this Authorization.