

## PRE-AUTHORIZED PAYMENT FORM

*HERE IS AN EASY WAY TO PAY YOUR CONDOMINIUM FEES ON TIME, SAVING EFFORT AND MONEY IN THE PROCESS!*

### The Benefits

- Electronic Funds Transfer also known as Pre-Authorized Payment (PAP) allows your fees to be taken care of automatically on each payment due date.

### Time Saver

- No need to prepare a series of post-dated cheques;
- No need to deliver or mail cheques.

### Money Saver

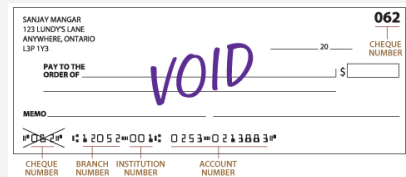
- No late payment charges;
- Eliminates the cost of cheques, envelopes and postage.

### Worry Saver

- You no longer have to worry about late or lost payments;
- You are helping conserve paper.

### If you are interested, simply:

- Complete and sign the authorization form below;
- Mark your personal cheque "VOID" and attach it to this form;



- Mail or deliver this form along with your "VOID" cheque to our office at your earliest convenience.



(Cut along the line and mail with your "VOID" cheque or deliver to head office)

## ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION

☐ New Enrollment    ☐ Change in Authorization    ☐ Cancellation of Authorization as of \_\_\_\_\_  
Day / Month / Year

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Suite No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_

I(we) authorize \_\_\_\_\_ Corporation Name and Number to process a debit, in paper, electronic or other form in the amount of \$ \_\_\_\_\_ on my (our) account on the first day of each and every month, beginning   D   /   M   /   Y  . This amount may be increased/decreased in accordance with the requirements of the condominium corporation's operating budget. I(we) understand that \_\_\_\_\_ Corporation Name and Number will advise to the best of its ability, in writing of the revised amount. I(we) acknowledge that I(we) have understood all the provisions contained in the terms and conditions as detailed on the reverse side of this Electronic Funds Transfer Pre-Authorization.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Date

PLEASE SEND THE COMPLETED FORM TO:

Zoran Properties Inc. 75 International Blvd. – Suite 400, Toronto, Ontario M9W 6L9  
T (416) 620-5696 F (416) 620-7705 E headoffice@zoranproperties.com

## Terms and Conditions

I(we) authorize the payee 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 an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this Authorization.

I(we) may revoke this Authorization at any time by delivering a written notice of revocation to the Payee.

I(we) will notify the Payee of any changes in the account information or termination of this authorization 15 days prior to the next due date of the pre-authorization debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me(us) to the branch of account within 90 days.

- |  |  |
|--|--|
| a) I(we) never provided authorization to the payee;                                    | c) My(our) authorization was revoked;  |
| b) The pre-authorization debit was not drawn in accordance with my(our) authorization; | d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee. |

I(we) warrant that all persons whose signature(s) are required to sign on this account have signed on the reverse side of this Electronic Funds Transfer Pre-Authorization.

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PLEASE

COMPLETE OTHER SIDE

AND

KEEP UPPER PORTION

FOR YOUR RECORDS

**ZORAN**  
PROPERTIES INC.