

PRE-AUTHORIZED PAYMENT PLAN

PAP may commence on the 1st of the month if a void cheque is submitted **no later than the 15th** of the month prior.

Complete and sign the enrolment/authorization form below.
Attach your personal blank cheque marked 'void'.



****Mail or deliver the enrolment/authorization form and void cheque to our head office at
5753 Coopers Avenue, Mississauga, ON L4Z 1R9****

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. Funds debited will first be applied to any outstanding balances and the remaining funds will be applied to the current common element fee.

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. 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 or termination of this authorization prior to the next due date of the pre-authorized 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.
- b) The pre-authorized debit was not drawn in accordance with my (our) authorization.
- c) My (our) authorization was revoked.
- 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 requested to sign on this account have signed this agreement.



Pre-Authorized Payment Authorization	
Name(s) _____	<input type="checkbox"/> Yes! I want to join and enclose my VOID cheque.
Address _____	
Phone _____	
Email _____	
I(we) authorize YORK REGION STANDARD CONDOMINIUM CORP NO. 1082 to process a debit from my _____ (Corporation No.) account in the amount of \$ _____ on my (our) account beginning _____ (month/year)	
I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.	
Signature _____	Date _____