

Pre-Authorized Debits (PADs) Rule H1  
Payor's PAD Agreement – Mandatory and Supplementary Elements

**York Region Standard Condominium Corporation #1400**

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize **YRSCC 1400** to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **YRSCC 1400** account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. **YRSCC 1400** will provide 10 days written notice of the amount of each regular debit. **YRSCC 1400** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **YRSCC 1400** has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

**YRSCC 1400** may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

ON-SITE

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI)** \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_

branch – 5 digits; FI – 3 digits)

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

OFF-SITE address if applicable: \_\_\_\_\_

**YRSCC 1400**

c/o Percel Inc.

4496 Chesswood Drive

North York, Ontario M3J 2B9

Tel: (905) 761-6840 ext. 225, Fax: 905-761-5417

Email: Shanthi at [skulan@percel.com](mailto:skulan@percel.com).