

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.

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.

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.