YORK REGION CONDOMINIUM CORPORATION NO. 741

Nadlan Harris Property Management Inc.
500 Champagne Drive, Toronto, Ontario M3J 2T9
Telephone (Nadlan Harris Property Management Inc.): (416)915-9115
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30 Harding Blvd, West, Richmond Hill

PAYER'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES

1. Payer's Name and Address -

   I/We warrant and represent that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
Street		Email:
Town	Postal Code	Telephone Number

Name of Payer's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Account Number

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's Name and Address - Please print

Name of Payee (the "Payee") Nadlan Harris Property Management Inc. for YRCC 741		
Street: 500 Champagne Drive		
Town: Toronto	Postal Code: M3J 2T9	Telephone Number (416)915-9115

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:

   Condominium fees _____

6. I/We may cancel the Authorization at any time upon providing written notice to the Payee, **at least 15 calendar** days before the Payment Date of **every** PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

8. The Payee will provide to me/us, at the address provided in Section 1:

   (a) with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the **first** PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

   (b) with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of **every** PAD; and

   (c) with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Pad in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 or Rule H4, no notice is required.

9. The Payee may issue a PAD monthly in a dollar amount as approved by the board of directors of the condominium.
   (insert frequency of debits)

10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.

11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

12. I/We may dispute a PAD only under the following conditions:

    (i) The PAD was not drawn in accordance with the Authorization;
    (ii) The Authorization was revoked; or
    (iii) Pre-notification, as required under Section 8 was not received.

    I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

    I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

    To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

13. I/We agree that the information contained in the Authorization may be disclosed to the Bank as required to complete any PAD transaction.

14. I/We understand and accept the terms of participating in this PAD plan.

_____	_____
(Authorized Signature)	(Authorized Signature)
_____	_____
(Client Name in full)	(Client Name in full)
_____	_____
(Date)	(Date)