



**AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENT PLAN  
FOR COMMON EXPENSE PAYMENTS**

*Please complete and return this form together with unsigned cheque marked "Void" from the bank account to be used (for verification purposes)*

**To: York Region Standard Condominium Corporation No. 1253**  
*(The Condominium Corporation)*

The undersigned hereby authorize(s) the Condominium Corporation (as payee) to debit the account detailed below, as confirmed on the attached "VOID" cheque (the "Account"), either in paper, electronically or by any other form or means, for the sole purpose of paying the monthly expenses hereinafter owing to the Condominium Corporation and relating or attributable to the following unit(s), namely;

**Municipality known as: Suite # \_\_\_\_\_, \_\_\_\_\_ North Park Road, Thornhill ON**

Presently amounting to \$\_\_\_\_\_ per month, payable on the 1<sup>st</sup> day of each month, beginning with \_\_\_\_\_ which total monthly common expense figure (and corresponding monthly debit from the Account) shall thereafter be varied in order to reflect changes to the annual budget(s) of the Condominium Corporation, as approved by the Condominium Corporation's board of directors from time to time. The undersigned expressly authorize(s) the Condominium Corporation to increase or decrease the monthly debit(s) from the Account in order to reflect all changes to the monthly common expenses attributable to the above-noted unit(s).

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 PAP that is not authorized or is not consistent with this PAP 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)

**DETAILS OF THE ACCOUNT**

<b>Account No.</b>	<b>Transit No.</b>	<b>Institution No.</b>
<b>Name of Bank:</b>		
<b>Branch Address:</b>		

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

*For joint accounts, all account holders must sign if more than one signature is required on cheques issued or drawn against Account.*

The undersigned expressly acknowledge(s) and agree(s) that:

- A. The delivery of this Authorization to the Condominium Corporation constitutes delivery by the undersigned to the branch of the financial institution at which the Account is maintained, and that such financial institution is not required to verify that any of the payments or debits are drawn or made in accordance with his Authorization;
- B. The undersigned will notify the Condominium Corporation in writing forthwith following any changes in the Account information; and
- C. This authority is to remain in effect until Duka Property Management Inc. 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 PAP Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

**The undersigned expressly acknowledge(s) and confirm(s) having read and understood all of the forgoing terms and provisions.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Print Name of Account Holder*

\_\_\_\_\_  
*Print Name of Account Holder*

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

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