

**PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION**

By signing and returning this form, you agree to the following:

- 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.
- 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 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  - c) My (our) authorization was revoked.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) acknowledge that the amount may be adjusted at a future date(s) and will be as determined by the Corporation's annual budget duly determined by the Corporation's Board of Directors and that this sole acknowledgment is sufficient to authorize (please show your Condo Corp# and name ) to collect such adjusted amount(s).
- I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Name(s) \_\_\_\_\_  
On Account (Print) \_\_\_\_\_ (Print) \_\_\_\_\_

Condo Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

I (we) authorize \_\_\_\_\_ to collect the common elements fee by way of processing a debit in paper, electronic or other form in the amount of \$ \_\_\_\_\_ on my (our) account on the first banking day of each month beginning \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Please enclose "void" cheque.