

## PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I (we) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution as is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

**PAYEE:** "The name of your Condominium Corporation"  
c/o Accredited Condominium Management Services Ltd.  
8, 11010 - 46 Street SE Calgary, AB T2C 1G4

I (we) warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I (we) hereby authorize the Payee identified above to draw on my (our) account number with my (our) financial institution on the **FIRST** of each calendar month, for the following purpose:

### CONDOMINIUM FEE PAYMENT

This authorization may be cancelled at any time upon notice by me (us). I (we) acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to the Payee.

I (we) acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by me (us) to "The name of your Condominium Corporation".

I (we) acknowledge that, in order to be reimbursed, a declaration to the effect that an error took place, must be completed and presented to the branch of my (our) financial institution either up to and including 90 calendar days in the case of a "personal/household" pre-authorized debit, after the date on which the payment in dispute was posted to my (our) account.

I (we) acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any preauthorized debit after 90 calendar days in the case of a "personal/household" preauthorized debit.

I (we) understand and accept this preauthorized debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in this Payor's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly to and necessary for the proper application of Rule H1 of the Canadian Payments Association.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institute or visit



**PAYMENT TYPE**

Choose one only: \_\_\_ Personal PAD \_\_\_ Business PAD

\_\_\_\_\_  
Signature (as it appears on the cheques)                      Date

\_\_\_\_\_  
Signature (as it appears on the cheques)                      Date

\_\_\_\_\_  
Condominium Corporation name, payor's unit and phone number