



FOR OFFICE USE ONLY	
CORP NO.	_____
CIVIC UNIT _____	FEE\$ _____
START DATE	_____

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

INITIATE PROPERTY NEW Owner EXISTING Owner: Change to PAP Change OF Bank Acct Cancel PAP

CONDOMINIUM NAME _____

ADDRESS _____

UNIT NO. _____ Street _____ City, Prov. _____ PC _____

OWNER(S):

Mr. Mrs. _____ Cell/Bus _____

Ms. Miss _____

LAST name _____ FIRST name _____

Mr. Mrs. _____ Cell/Bus _____

Ms. Miss _____

LAST name _____ FIRST name _____

MAILING ADDRESS _____

Street _____ City, Prov. _____ PC _____

PHONE: _____ EMAIL _____

I/We hereby authorize Signature Alliance Management Group Inc. as agent of the above-named Corporation, to debit the bank account shown above on the first of each month in the amount of the monthly common expense fees, currently \$_____ per month and effective on _____ 1st, 20_____. I/We agree that this amount may be amended without further authorization, by proper notice of the Corporation and understand that no single monthly debit shall exceed the amount as notified without my/our prior written consent. *This authorization must be received by Signature Alliance no later than 15 days prior to this Start Date and written changes to, or cancellation of, this authorization must be received 30 days prior to the date of the next scheduled debit.*

I/We confirm that we have read and understand the Terms of this Agreement as described on the reverse (or as attached) including the Operation, Cancellation and recourse rights regarding Dispute & Reimbursement and that further information is available at www.cdnpay.ca

DATE: _____	Signatures of ALL account holders are required
PRINT Name: _____	Signature: _____
PRINT Name: _____	Signature: _____

PLEASE NOTE: The first payment not honoured by your bank will be assessed a \$65.00 N.S.F. fee. The second occurrence will be assessed a \$130.00 N.S.F. Fee. The third and consecutive occurrence(s) will be assessed a \$195.00 N.S.F. Fee. (When all occurring within a 12 month period) Allow 2 -5 business days for processing by your bank.

PLEASE ATTACH a sample cheque marked "VOID" HERE

OR: you may have your bank complete the following. Bank stamp **MUST** be affixed and banking officer contact information **MUST** be included:

Bank Name _____ Phone (_____) _____

Branch Address _____ Phone(_____) _____

Street _____ City, Prov. _____ PC _____

Branch Transit No. _____ Institution No. _____ Account No. _____

Banking Officer Name _____

E-mail _____

Bank Stamp

PAD AGREEMENT

DEFINITIONS

In this agreement :

“I”, “We”, “Our”, “My”, “Me”, “Payor” refers to the person signing this Agreement;

“the Corporation” is defined as the Condominium name and/or Plan Number as recorded on the authorization form.

Pre-Authorized Debit (“PAD”): means a pre-authorized debit payment in electronic form drawn pursuant to this agreement on my account at my Financial Institution.

OPERATION

I understand and undertake that:

- (a) this authorization is for the benefit of the Corporation as defined herein and my financial institution where I have my account. My financial institution agrees to process debits against my account in accordance with the rules of the Canadian Payment Association (“CPA”);
- (b) giving this authorization to the Corporation is the same as giving it to my financial institution;
- (c) my financial institution is not required to verify that the PAD conforms with my authorization;
- (d) my financial institution is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
- (e) revoking this authorization does not terminate any responsibility on my part to the Corporation. My authorization applies only to the method of payment and has no bearing otherwise on my obligation to pay my monthly assessment to the Corporation as required by the Act.

CANCELLATION

I/We may revoke my/our authorization at any time, subject to providing notice of 30 days prior to the next debit due date. I/We must advise the Company in writing of my/our intent to revoke this authorization. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I/We may contact my financial institution or visit www.cdnpay.ca.

DISPUTE AND REIMBURSEMENT

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 institution or visit www.cdnpay.ca.

I understand that:

- (a) I may dispute a PAD and may claim for reimbursement if:
 - (i) The PAD was not drawn in accordance with this Agreement; or
 - (ii) The Agreement was revoked; or
 - (iii) No Agreement exists between me and the purported payee.
- (b) if I am claiming reimbursement, I must, within 90 calendar days of the date of posting of a personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my financial institution that I have a claim for one of the reasons given in the preceding paragraph;
- (c) in the case where the declared condition is “no Agreement exists between me and the purported Payee”, I may claim reimbursement within 90 calendar days after the posting date on my account statement which shows the improperly processed debit;
- (d) any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me and the Corporation.