# PAYMENT AUTHORIZATION ENROLMENT

Terms and Conditions

I (We) authorize the Payee to debit my(our) account as indicated on this, the personal Pre-Authorized Payment Authorization form, under the terms and conditions agreed to by me(us) with the Payee until such time as written notice to the contrary is provided.

I(we) understand that common expense payments are always applied to the earliest indebtedness.

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 not terminate the contact for goods and services exchanged.

**I(we) will notify the Payee in writing of any changes to the account information, cancellation, or termination of this authorization, at least 14 days prior to the next due date of the pre-authorized debit.** I(we) may obtain a sample cancellation form, or further information on my(our) right to cancel this authorization, at my(our) financial institution or by visiting www.payments.ca.

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.payments.ca.

I(we) warrant that all persons whose signature(s) are required on this account have signed this agreement.

I(we) acknowledge that a $37 charge will be applied to my(our) account should payment be returned for any reason.

**PRE-AUTHORIZED PAYMENT ENROLMENT & AUTHORIZATION**

Name(s): _____

Address: _____

Email: _____

Phone _____ Alt Phone _____

I(we) authorize _____ to process an electronic
(CCC / OCCC / OCSCC / OCECC / other)

debit of common charges* only, from my(our) account (on the void cheque or banking form attached) on the 1st day of each month commencing:

(month) _____, (day) _____, (year) _____.

*It is understood that the common charges are variable due to annual budgeting requirements and may be subject to change. The Payee agrees to notify me(us) at least 10 days before a variation in payment amount.

**PLEASE ATTACH VOID CHEQUE HERE**

Cheques linked to a credit card or to a line of credit will not be accepted. Only cheques from a chequing or savings account will be accepted.

Form and VOID cheque or banking form must be received by CMG on behalf of the Payee at least 14 days prior to the specified start date to be set up for that month.

Should there be any questions regarding this agreement and/or payments, please contact: PAP@CONDOGROUP.CA

I(we) acknowledge that I(we) have read and understood the provisions contained in the terms and conditions of the Pre-Authorized Payment Enrolment.

Signature _____ Date _____

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