



PRE-AUTHORIZED DEBIT PLAN AGREEMENT

TORONTO STANDARD CONDOMINIUM CORPORATION NO. 2768

PROPERTY ADDRESS:

UNIT #

DATE OF FIRST WITHDRAWAL:

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT FOR CONDOMINIUM COMMON EXPENSE CHARGES

I/We authorize **T.S.C.C.#2768** and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring **Payments** and/or one-time payments from time to time, for payment of all charges arising under my/our **T.S.C.C.#2768** account(s). Regular monthly payments for the full amount of services delivered currently \$ _____ will be debited to my/our specified account on the 1st day of each month. A copy of a void cheque denoting the specific account is attached. **T.S.C.C.#2768** will obtain my/our authorization for any other one-time or sporadic debits.

It is acknowledged and agreed by the undersigned that if there are insufficient funds on deposit in the account at the time that the debit is made by or on behalf of the PAYEE, the insufficiency shall be deemed by the PAYEE to be non-payment of the common charges for the particular month. In addition, the undersigned acknowledges and agrees that if any service fees or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be paid by the undersigned.

I/We waive our right to receive pre-notification for each monthly debit and agree that I/we do not require advance notice of the amount of PADs before the debit is processed unless the amount varies from the current CEF Schedule.

This authority is to remain in effect until **T.S.C.C.#2768** has received written notification from me/us of its change or termination. We will notify the Payee, in writing, of any change in the information provided below. 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 PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement. **T.S.C.C.#2768** may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD 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.

PLEASE PRINT

Type of Account: **Personal** _____ **Business** _____

Company / Owners Name/s:

Address

City, Province

Postal Code

Tel #

Financial Institution: _____

Account Number: _____ Transit Number: _____ - _____
(branch -5 digits – bank -3 digits)

AUTHORIZED SIGNATURE(S)

DATE

PLEASE ATTACH VOID CHEQUE