



Payor's Pre-Authorized Debit (PAD) Agreement for Business Purposes

Customer Information	
Company Name:	_____
Address:	_____
City, Province:	_____
Postal Code:	_____ Telephone Number:
Email:	_____

Property Information	
Property Name: ArriVa Commercial	Start Date: November 2016

Bank Account Information		
Bank Code (3 digits)	Transit # (5 digits)	Account #
_____	_____	_____
Financial Institution:	Name:	_____
	Branch Address:	_____

Pre-Authorized Debit (PAD) Details

I/we, authorize CCN#1014767 to debit the bank account identified above for regular monthly fees and/or one-time payments from time to time as determined by the Board of the Condo Corp. Prenotification will always be given when the regular monthly fees change and/or in the event of a one-time payment. Regular monthly fees will be debited on the first business day of the month. 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 Condo Fee issued by the Board.

I/We may revoke our authorization at any time in writing subject to providing notice of not less than 21 days. To obtain a sample cancellation form or for more information on my/our right to cancel a PAD Agreement, I can contact my/our financial institution or visit www.cdnpay.ca

I/We have certain recourse rights if any debit does not comply with this agreement e.g. I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

If the PAD is returned NSF, there is a standard \$50.00 charge per occurrence and is billed on the Owner's account.

Signature of Account Holder _____ Signature of Joint Account Holder (if applicable) _____

Name (printed) _____ Name (printed) _____

Date _____ Date _____