

AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE PRE-AUTHORIZED DEBIT (PAD) SERVICE
Issued to (Payee) Carleton Condominium Corporation No. 486

I (we) acknowledge that this authorization form is for the benefit of the payee or its agents (identified hereinabove) 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 Payment Association.

Owner's Name: _____

Unit Number: _____

Date of First Payment: _____

Monthly Condo Fees: _____

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, for the purposes of Monthly Condominium Fee Payments as approved from time to time by the Board of Directors.

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 written notice of revocation to the Payee fifteen (15) days prior to the next due date of the pre-authorized debit.

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I (we) acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any pre-authorized debit after 90 days calendar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

I (we) waive any and all requirements for pre-notification of debiting.

I (we) understand and accept this pre-authorized 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.

Signature (as it appears on cheques) Date

Signature (as it appears on cheques) Date

ATTACH VOID CHEQUE
Also attach your cheque covering the first month due.