

Pre-Authorized Personal Debit Agreement

Payor information (please print)

Last Name		First Name
Mailing Address		
City	Postal Code	Phone Number

The undersigned is/are the owner(s) of Unit # _____, _____, _____, **Ontario**

I/We hereby authorize _____ **Condominium Corporation No. _____**, c/o M.F. Property Mgt. Ltd. (Payee), and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit my account for the following purpose:

- a) the amount of the common element assessment fee (condominium fees) due and payable on the first day of each and every month per the Condominium Act of Ontario and the Declaration and Bylaws of the Corporation;
- b) parking and/or locker fees (if applicable) due and payable on the first day of each and every month;
- c) the cost of any charges for returned payments as stated in (a) and (b) above;
- d) sporadic payments/charges as permitted under the Condominium Act, Declaration and Bylaws of the Corporation. The Corporation will provide 10 days written notice of the amount of the sporadic payments.

Effective Date is: _____

I/We have attached a void cheque to this authorization to identify the account to be debited.

I/We understand that this authorization will remain binding until such a time as I/We cancel it by notifying the Payee **in writing using the Cancellation Notice** at least 10 days in advance of the next payment that is due. A copy of the Cancellation Notice may be obtained by contacting the Payee listed below. I/We understand that the Payee is not responsible for any cancellations that could not be processed due to insufficient written notice (less than 10 days). 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 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.

373 Woolwich Street Guelph, ON N1H 3W4 fax: 519-824-8836	M.F. Property Management Ltd. 7 Roseview Ave. Cambridge, ON N1R 4A5 fax: 519-629-0261 mfprop@mfproperty.com	214 Queen Street South, Unit 16 Kitchener, ON N2G 1W3 fax: 519-772-1053
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Authorized Signature _____

Date _____