

Condominium Name: _____
Pre-Authorized Debit (PAD) Agreement

1. Customer information (Please Print Clearly)

| | | | |
|--|------|----------|-------------|
| Name | | | |
| Street Address | City | Province | Postal Code |
| Mailing address (if different than property address) | | | |
| Telephone Number | | | |

2. Banking Information

| | | | |
|-------------------------------|-----------------------|----------------------------------|--|
| Name of Financial Institution | | Address of Financial Institution | |
| Financial Institution number | Branch Transit Number | Account Number | |

A "VOID" cheque must be attached to this authorization. If your account does not provide cheques, please have your bank fill out the information above to ensure the account is coded correctly and will allow pre-authorized debit.

3. Pre-Authorized Debit (PAD) Details

You, the Payor; authorize the (Please fill Condominium Name) _____ to debt the bank account identified above as per my/our instructions for the recurring monthly condominium fee(s) and/or one-time fee(s) charges adjustments as voted upon and passed by the Condominium Corporation from time to time. This condominium fees will be debited to my/our specified account on the **1st of day of each month.**

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time (payee to insert process – e.g. in writing or by phone), subject to proving notice of (Payee to insert period – not to exceed 30 days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: (Please Print)

Name: (Please Print)

Date:

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca

When the form is completed, mail, fax or email to: **Skyline Property Management Inc.**
418, 9945 50th street
Edmonton, Alberta T6A 0L4
Fax: 780-328-6488
Email: reception@skylineproperty.ca