



# Pre-Authorized Debit Form

### Payee Information

Corporation Name: \_\_\_\_\_ **Condominium Corporation No.** \_\_\_\_\_

c/o Ace Condominium Management Inc.

Address: 12 Steinway Blvd, Unit 12

City: Toronto Province: Ontario Postal Code: M9W 6M5

Phone: 416-628-9768

### Account Holder Information:

Property: \_\_\_\_\_ Building \_\_\_\_\_ Suite \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

#### Bank Info

Name: \_\_\_\_\_ Transit No. \_\_\_\_\_

Branch Address: \_\_\_\_\_ Institution No. \_\_\_\_\_

Phone: \_\_\_\_\_ Account No. \_\_\_\_\_

### Authorization:

I hereby acknowledge the attached terms and conditions. The pre-authorized debit is to begin on

\_\_\_\_ mm | \_\_\_\_ yy

Start Date

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name (Please print)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Terms and Conditions:****Account Information:**

The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked VOID and is attached to this authorization (Photocopies are acceptable).

**Change in Account Information:**

We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization at least 2 weeks prior to the next due date of the Pre-Authorized Debit.

**Valid Signing Authority:**

We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority to Debit Account:**

We hereby authorize the Payee to draw on our account indicated above with our financial institution, for the withdrawal of monthly common element assessment fees.

**Validation by Financial Institution:**

We acknowledge that our financial institution is not required to verify that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount.

**Frequency and Amount of Debits:**

A debit, in paper, electronic or other form in the amount of \$ \_\_\_\_\_, with a reasonable latitude for adjustments and in no case to exceed \$ \_\_\_\_\_, may be drawn upon our account stated above, monthly, beginning the first of \_\_\_\_\_, 20.

**Our Rights of Dispute:**

A Pre-Authorized Debit may be disputed by us under the following conditions:

1. the PAD was not drawn in accordance with our Authorization, or;
2. the Authorization was revoked, or;
3. pre-notification was not received.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (i), (ii), or (iii) took place, must be completed and presented to our branch of our financial institution up to and including 10 business days in the case of a business PAD after a date on which the PAD in dispute was posted to our account.

We acknowledge that a claim on the basis that our Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and ourselves when disputing any PAD after 10 business days in the case of a business PAD.

**Acceptance of Delivery of Authorization:**

We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this authorization to you constitutes delivery by us.

**Cancellation of Agreement:**

This authorization may be cancelled at any time upon notice by us. We acknowledge that, in order to revoke this authorization, we must provide notice of revocation to the Payee.

**Pre-Notification Waiver:**

We agree with the Payee to waive this requirement under the CPA rules to receive a written pre-notification prior to each PAD as set out in the Rules.

**Validation by Processing Institution:**

We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on our account.

**Payment of Common Element Assessment Fees:**

Revocation of this authorization does not terminate any requirement for the payment of common element assessment fees. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the requirement for payment of common element assessment fees.