

ONE-TIME PREAUTHORIZED DEBIT FORM – CONDO/HOA

OWNER INFORMATION

NAMES: _____

EMAIL: _____ PHONE: _____

CONDO NAME or CONDO CORPORATION #: _____

CIVIC PROPERTY ADDRESS: _____ (the 'Property')

AMOUNT

I/We hereby authorize PEKA Professional Property Management Ltd. to draw from my/our account number with the branch of financial institution at which I/we maintain an account THIS ONE TIME PAYMENT(S) FOR:

CONDO FEE ARREARS AMOUNT: \$ _____

FINE AMOUNT: \$ _____

CHARGEBACK AMOUNT: \$ _____

SPECIAL ASSESSMENT AMOUNT: \$ _____

OTHER: _____ AMOUNT: \$ _____

TOTAL: \$ _____

***Payment will be processed along with your next regular condo fee payment. If payment is to be processed on different date (i.e. special assessment due date) please specify date here:**

DATE OF WITHDRAWAL: _____

THIS ONE-TIME PAYMENT IS NOT FOR REGULAR MONTHLY PAYMENTS. IF YOU DO NOT ALREADY PAY BY PREAUTHORIZED DEBIT, PLEASE ATTACH A VOID CHEQUE OR BANK PAYOR FORM.

SIGNATURE: _____ DATE: _____
ACCOUNT HOLDER

(AND)
SIGNATURE: _____ DATE: _____
ACCOUNT HOLDER

PREAUTHORIZED DEBIT SERVICE TERMS AND CONDITIONS

1. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the Preauthorized Debit Service Form.
2. **If I/We do NOT already pay by Preauthorized Debit, I have attached hereto a VOID cheque or Financial Institution Payors Information Statement, which denotes the transit, institution number, account number and me/us as the authorized Account Holder(s).**
3. **If I/We DO already pay by Preauthorized Debit, I authorize PEKA to use the current banking info already on file.**
4. This authorization may be cancelled at any time. I/We acknowledge that, in order to revoke this authorization, notice of revocation must be provided to PEKA Professional Property Management Ltd. in writing 15 days before the next transmission date.
5. I/We undertake to notify PEKA Professional Property Management Ltd. in writing of any change in the account information provided in this authorization at least 15 days prior to the next due date.
6. I/We acknowledge that this pre-authorized debit form does not include authorization for any additional contribution, assessment, installment or payment due by me/us, other than those expressly indicated in this form. I/we must authorize any additional draws separately in writing 10 days prior to the next scheduled draw date, in order for any additional withdrawals to occur. ***I/We acknowledge that Account Holders must authorize any additional withdrawals (Owners authorization is not sufficient, SHOULD THE OWNER NOT BE AN ACCOUNT HOLDER). Where notice is sent by the Condominium Corporation regarding any additional contribution, assessment, installment or payment due with respect to this Property or any change in existing assessments, notice will be sent only to the Owner, and not the Account Holder.**
7. I/We acknowledge that PEKA Professional Property Management Ltd. will charge my account with a service charge of \$75.00+ GST (subject to change) for any dishonored payments (including but not limited to; non-sufficient funds, wrong bank account info, account closure etc.) as it occurs, and dishonored payments may result in termination of my Preauthorized Debit Service.
8. I/We acknowledge that this authority is to remain in effect until PEKA Professional Property Management Ltd. has received written or verbal notification of its change or termination, or notification of any transfer of ownership of the Property. This notification must be received at least 10 business days before the next draw date.
10. I/We acknowledge that the scheduled draw date is on the 1st of each month (unless I have included a different *withdrawal date above). *No weekends or holidays
11. I/We have certain recourse rights if any draw does not comply with this agreement. For example, I/We have the right to receive reimbursement for any draw that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact our financial institution or visit www.cdnpay.ca.

I/WE HAVE READ AND AGREE TO THE PREAUTHORIZED DEBIT SERVICES TERMS AND CONDITIONS

SIGNATURE: _____ **DATE:** _____
ACCOUNT HOLDER

(AND)
SIGNATURE: _____ **DATE:** _____
ACCOUNT HOLDER