

PREAUTHORIZED PAYMENT FORM

Corporation Name/Number..... Start date:_____ Fee_____

C/o Capitalink Property Management Ltd
 10 Milner Business Court, Suite 300, Scarborough, ON. M1B 3C6
 Tele: 416 502 9800. Fax: 416 613 2822. Email: info@capitalink.ca

Unit Owners Name		Unit Number	
Corporation Name		Street Address	
City	Province	Postal Code	
Phone	Fax		
E-mail			

I/WE the undersigned hereby authorize Corporation Name & Number _____
 NO. _____ to draw and issue cheques, payable to the Corporation for payment of all monthly instalments for Condominium
 Common Expense payments for _____ which become due on the first day of each month.

Name of Financial Institution		Address	
City	Province	Postal Code	
Phone	Fax		
E-mail			

I/WE hereby authorize _____ to pay and debit my/our account noted herein

NAME OF BANK

accordingly, all cheques drawn on the said account by the Corporation on my/our behalf and payable to the Corporation. The
 treatment of any such cheque shall be the same as if I/We had personally signed and issued the same cheque, authorizing you to
 pay as indicated and to debit the amount specific to my/our account. Any delivery of this authorisation to you constitutes
 delivery by me/us.

Account Type:	Chequing <input type="checkbox"/>	Savings <input type="checkbox"/>	Other: <input type="checkbox"/>	(Specify type of Account)
Account Number:				
Branch Transit No:	Bank Code	Bank Name:		
Office Use Only				
Bank ref. Number:				

Place and Date

Unit Owners Signature

Unit Owners Signature

Please print Unit Owners Name :

Please print Unit Owners Name :

All depositors must sign if more than one signature is required on the cheques issued against the account.

**PLEASE MAIL OR FAX THIS FORM AND A VOID CHEQUE TO CAPITALINK PROPERTY MANAGEMENT LTD.
 REMEMBER TO ATTACH A BLANK "VOID" CHEQUE
PLEASE READ TERMS AND CONDITIONS ON REVERSE**

TERMS AND CONDITIONS

Type of Service: Personal _____ Business _____

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association".

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

This authority is to remain in effect until the management has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. 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) hereby authorize (Name of Payee) to draw on (Name of Payor) account number _____ with (Processing Institution) for the following purpose".

"This authorization may be cancelled at any time upon notice by (Name of Payor). I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to (Name of Payee)".

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 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

"I (We) acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor)".

"I (We) undertake to inform (Name of Payee) in writing of any change in the account information provided in this authorization prior to the next due date of the PAP".

"I (We) acknowledge that (Processing Institution) is not required to verify that a PAP has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to the amount".

"I (We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAP was issued has been fulfilled by (Name of Payee) as a condition to honoring a PAP issued or caused to be issued by (Name of Payee) on (Name of Payor) account".

"Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged".

"A PAP may be disputed by a Payor under the following conditions:

1. the PAP was not drawn in accordance with the Payor's Authorization; or
2. the authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the processing institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAP (or up to and including 10 business days in the case of a business PAP). After the date on which the PAP in dispute was posted to the Payor's account.

The Payor acknowledges 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 the Payor when disputing any PAP after (90 calendar days in the case of a personal/household PAP or 10 business days in the case of a business PAP).

**ATTENTION: Accounts Receivable By The 15th Of The Month Prior To Starting
Thirty Days Advance Notification Is Required To Cancel The Pre-Authorized Payment Plan.**