Payor's Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly) FORM MUST BE COMPLETED IN FULL

Owner Name: _____ Building Name: _____

Full Address: _____ Unit #:_____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

2. Bank Account Information

Account Number _____ Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize ***(New Concept Management Inc)*** to debit the bank account identified above for regular monthly condo fees and/or one-time payments from time to time as determined by the Board of the Condominium Corporation of the above address. We, the Payee, **Country Hills Landing Condo Corp No. 0413410** will provide you, the Payor, 10 days written notice of the amount of each regular debit, unless such notification is waived in the section below. Pre-notification will always be given to you when the regular monthly condo fees change and/or in the event of one-time payments. Regular monthly condo fees will be debited on the first day of the month or on the next business day.

Pre-notification advice waiver

By initialling here ___You, the Payor agree that the standard pre-notification required 10 days prior to each debit of the regular monthly condo fees is herby waived. Pre-notification will only be required 10 days before the first debit of the regular monthly condo fees after an amount change and/or in the event of one-time payments.

These services are for: ☐ Personal use ☐ Business use

You, the Payor, may revoke your authorization at any time ***in writing*** subject to providing notice of ***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:

_____

Name: _____
(print name)
Date: _____

Signature of Joint Account Holder (if applicable):

_____

Name:_____
(print name)
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 complete, please mail or fax to:

New Concept Management Inc
Suite 101, 221 – 18th Street SE Calgary, AB (T2E 6J5)
Tel: (403) 398-9528 Fax: (403)398-0751
Email: info@newconceptmanagement.com

Please attach void cheque on the account to be debited