

PRE-AUTHORIZED PAYMENT FORM



AN EASY WAY TO PAY YOUR CONDOMINIUM FEES

The benefits:

- Electronic Funds Transfer known as Pre-Authorized Payment (PAP), allows your fees to be taken care of automatically on each payment due date
- No need to prepare a series of post-dated cheques. No need to deliver or mail cheques
- No late payment charges
- No longer need to worry about late or lost payments.
- You are helping to conserve paper.
- Complete and sign the authorization below
- Mark your personal cheque "VOID" and attach to this form.
- Please complete this form and return with a VOID cheque as soon as possible.

ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION

New Enrollment
D/M/Y

Change in
Authorization
D/M/Y

Cancellation of
Authorization as of
D/M/Y

I (we) authorize Middlesex Vacant Land Condo Corp. # 897 (MVLCC897) to process a debit, in paper, electronic, or other in the amount of \$_____ On my/our account on the first day of each month, beginning D_____/M_____/Y_____. This amount may be increased in accordance with the yearly rent increase if applicable. I/We acknowledge that delivery of my/our authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I/We maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this Authorization. I/We may revoke this Authorization at any time by delivering written notice of revocation to the payee. I/We have certain recourse rights if any debit does not comply with this agreement. For example: I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a Form and 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 will notify the payee of any changes in the account information or termination of this authorization 20 days prior to the next due date of the pre-authorized debit.

PERSONAL INFORMATION (PLEASE PRINT)

NAME (S) _____

STREET _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE NUMBER (HOME) _____ (CELL/WORK) _____

Unit ____ at _____

THESE SERVICES ARE FOR (CHECK ONE)

PERSONAL

BUSINESS

BANKING INFORMATION

Name of Financial Institution		
Transit Number (5 digits)		
Institution Number (3 digits)		
Account Number		

Signature of Account Holder _____

Date _____

Signature of Account Holder _____

Date _____

Please fax or email this form to our office as soon as possible. Thank you!

Fax: 1 (855) 690-1115

Email: info@theeight.ca