

# PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

## 1. CUSTOMER INFORMATION (Please Print Clearly)

Name \_\_\_\_\_

Site Name: \_\_\_\_\_, Owner of Condo Unit # \_\_\_\_\_,

Street Address \_\_\_\_\_, City \_\_\_\_\_, Province \_\_\_\_\_, Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_, Email Address \_\_\_\_\_

If the residence or mailing address is different from the owned condo address, please fill out the following section:

Street Address \_\_\_\_\_, City \_\_\_\_\_, Province \_\_\_\_\_, Postal Code \_\_\_\_\_

## 2. BANK ACCOUNT INFORMATION (PLEASE SUBMIT A VOID CHEQUE OR DIRECT DEPOSIT FORM WITH THIS AGREEMENT)

Account Number \_\_\_\_\_  
(7 to 12 Digits)



Branch Transit Number \_\_\_\_\_  
(5 Digits)

■ Transit (Branch Number) ■ Institution Number ■ Account Number

Financial Institution Number \_\_\_\_\_  
(3 Digits)

Void Cheque Attached       Direct Deposit Form Attached

Financial Institution: Name: \_\_\_\_\_

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

## 3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

I/We authorize my/our Condo Corporation to debit the bank account identified above for the amount of the monthly regular recurring condo fees on this condo unit as determined from time to time by the Condo Board. These fees are to be debited no earlier than the 1st of each month and the amount debited will not change unless I am/We are given 20 calendar days' notice in writing of a Condo Board revision of fees at which time the revised monthly fee will be debited unless I/We withdraw this authorization. By providing our email above, we consent to receiving electronic notices in accordance with section 71.1(1)c of the Condominium Property Act and documents in regard to the condo corporation and take responsibility for checking the email account for updates and scheduled events related to your condominium corporation.

I/We may revoke this authorization at any time subject to providing written notice 10 calendar days in advance of the next PAD debit. 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](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable):

\_\_\_\_\_  
Name: Please Print:

\_\_\_\_\_  
Name: Please Print:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
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](http://www.cdnpay.ca).

**Submit the completed form to:**  
**(Please, submit a void cheque or direct deposit form with this agreement)**

**Email:**  
[PAD@convergecondo.com](mailto:PAD@convergecondo.com)

**Or by Mail or In Person at:**  
**Converge Condo Management Inc.**  
11810 Kingsway Ave, NW  
Edmonton, AB, T5G 0X5