

## PRE-AUTHORIZED PAYMENT (PAD) AGREEMENT – CONDOS

### 1. Customer Information (Please Print Clearly)

Name: \_\_\_\_\_ Legal Condo Corp Name: \_\_\_\_\_

Condo Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

### 2. Bank Account Information

Deposit Account Number: 

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Financial Institution Number: 

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 Branch Transit Number: 

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Type of Service (select one):      Personal Service: ☐      Business Service: ☐

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

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

I/we authorize the Condominium Corporation to which my unit is a member, and/or McMillan Property Management and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Condominium Corporation account(s). Regular monthly payments for the full amount of the condominium fees will be debited to my/our specified account on the 1<sup>st</sup> day of each month. The Condominium Corporation, and/or McMillan Property Management will provide at least ten (10) business days written notice of any other one-time or sporadic debits. Returned payments will be assessed a processing fee of \$50.00, whether due to insufficient funds, incorrect bank account information being provided or for any other reason. Please include a voided cheque to ensure accuracy.

This authority is to remain in effect until the Condominium Corporation, and/or McMillan Property 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](http://www.cdnpay.ca).

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

Please send your completed form along with a void cheque by mail, email or fax to:

**McMillan Property Management**  
**PO Box 39075, Adelaide Street North**  
**London, Ontario, N5Y 5L1**  
**Phone: (519) 488-1606**  
**Fax: (519) 913-1690**  
**Email: [condo@mcmillanpm.ca](mailto:condo@mcmillanpm.ca)**

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

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