



PRE-AUTHORIZED DEBIT PAYMENT SERVICE

Name of "payor" (Co-owner, tenant or customer):	
Complete home address (number, street, city, province, postal code):	
Name of account holder (if different from payor):	
Complete address (number, street, city, province, postal code), if different from above.	
Telephone:	Email:

AUTHORIZATION FOR PRE AUTHORIZED BANK DEBIT

I, the undersigned, hereby authorize Otonom Solution inc., an authorized user¹, to debit my account with the financial institution indicated below on behalf of the organization or company shown below, in accordance with the instructions set forth herein. I will be notified by email or letter from the organization or company of any change in the amount to be debited from my account, at least 10 days before the indicated date of debit. This debit represents the payment option that I have selected, either a fixed amount and/or the total balance.

This authorization can be revoked automatically by sending written notice by email or letter to my Organization, Company or OTONOM Solution, at least 3 business days before the date of the next withdrawal from the account. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

OTONOM reserves the right to terminate this agreement at any time upon written notice to that effect. I agree that the financial institution where I maintain my account is not required to verify that the payment is debited pursuant to this authorization. I acknowledge that the delivery of this authorization to OTONOM constitutes delivery to the financial institution indicated below.

The regular pre-authorized payments will be:

- In the **AMOUNT of Monthly Condo Contributions or One Time Charges with Additional Permission**
- Payable on the first of each month, beginning on immediately, unless otherwise instructed to start on: _____.
- Used for payment of condo fees, agreed upon additional charges or service fees, *the entire sum constituting a personal/individual PAD*

Periodic PADs: I also authorize my association, the manager in charge, or service company to make periodic pre-authorized debits (PADs), from time to time, from my account for payment of service charges. It is understood that my association or the manager in charge will obtain my oral or written permission before each periodic or sporadic debit is withdrawn from my account.

Insufficient funds: I undertake to ensure that the amount of the debit is available in my account. OTONOM reserves the right to charge a fee of twenty dollars (\$20.00) whenever a pre-authorized debit cannot be made due to insufficient funds. In this event, OTONOM may debit these fees from my bank account separately or add them to the next PAD as defined above. I acknowledge that written notice is not required before the first such debit, nor is any other notice required to confirm changes for such debits.

The pre-authorized payments will be made to the following condo corporation:

Condo Civic Address: _____ Unit # _____

SIGNED: _____
(SIGNATURE OF THE PRIMARY ACCOUNT HOLDER)

DATE: _____
year / month / day

Payor's right to recovery and reimbursement

You have certain recovery rights if any debit made is not in accordance with this agreement. For example, you are entitled to receive full reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. You may revoke your payment authorization by providing 30 days written notice to OTONOM by email or signed letter. If you have any problem or need more information, please contact the following organizations:

1-Your association or the manager in charge, on behalf of whom OTONOM is making the debit	3-Your financial institution
2-OTONOM Solution inc., at the email address shown on this document	4-Visit the website www.cdnpay.ca

**** ALL FINANCIAL INSTITUTIONS ARE RECOGNIZED ****
NOTICE: Attach a signed check from your financial institution marked "VOID"

Return form to the following address :

