

PRE-AUTHORIZED PAYMENT FOR COMMON ELEMENT ASSESSMENT FEES

TERMS AND CONDITIONS:

I/We the undersigned hereby authorize **YRCC 616** hereinafter referred to as the Corporation, to debit my/our account as indicated on the attached "void" cheques for payment of common element assessment fees or any other monies owing to the corporation until such time as written notice to contrary is given.

I/We will notify **YRCC 616** in writing of any changes in banking information fifteen (15) business days prior to the next date of the pre-authorized debits. You, the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

I/We certify that all persons authorized on this account have signed this agreement.

These services are for: Personal: Business Use:

I/We authorize the **YRCC 616** to process, on the first day of each month, a debit in paper, electronic or other form in the amount of the monthly common element fees for my/ our unit as approved by the Board of Directors from time to time and as set out by the Condominium Act 1998 and the Corporation's Declaration.

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 PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

I/We acknowledge that I/we have read and understood all provisions contained in the terms and conditions of the pre-authorization payment authorization and that I/we have kept a copy of same for our records.

UNIT OWNER/RESIDENT INFORMATION:

Name: _____ Unit #: _____ Phone #: _____

BANK ACCOUNT INFORMATION:

Name of Bank: _____ Chequing Account: Savings Account:

Branch Transit #: _____ Account #: _____

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____

Print Name: _____ Print Name: _____

Signed At: _____ Date: _____

EMAIL, MAIL OR FAX THIS FORM TO 360 COMMUNITY MANAGEMENT LTD. (SEE TOP RIGHT CORNER) OR DROP OFF AT CONDO SITE OFFICE. ALL FORMS MUST BE RECEIVED BY THE 18TH DAY OF THE MONTH PRIOR TO STARTING.
30 DAYS ADVANCE NOTICE IS REQUIRED TO CANCEL THIS PRE-AUTHORIZED PAYMENT PLAN

Please Attach "VOID" Cheque