Pre-Authorized Payment (PAP) Form – Monthly Condo Fee

_____ (Condo Name)

I authorize _____ and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my account(s). **Regular monthly payments for the full amount of services delivered will be debited to my specified account on the 1st day of each month**. _____ will provide 10 days written notice of the amount of each regular debit. _____ will obtain my authorization for any other one-time or sporadic debits.
This authority is to remain in effect until _____ has received written notification from me 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 may obtain a sample cancellation form, or more information on my right to cancel a PAP Agreement at my financial institution or by visiting www.payments.ca. _____ may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.
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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.payments.ca.

I do not require written notification for regular monthly deductions unless the amount changes: Yes____ or No ____

Please print when completing this section:

Service type of payment (Please circle): Personal: Yes / No or Business: Yes / No

Authorized Account Holder (Payor): _____ Unit #_____

Business Name (if applicable):_____

Email Address: _____

Address: _____City/town: _____ Postal Code:

Phone #'s: (Bus) _____ (Home) _____ (Cell) _____

Bank or Financial Institution: _____

Address: _____ City/town_____ Postal Code: _____

Transit Number: _____ Bank Account Number: _____
(3 to 5 digits)

I, the Payor, authorize _____ to debit the bank account identified above for _____ on the **1st of every month or the next 2 business days.**

Signature of Authorized Account Holder (Payor): _____ Date: _____

AFFIX VOID CHEQUE IN BOX BELOW

_____, c/o Monopoly Property Management, 340 Ferrier Street, Suite 228, Markham, ON L3R 2Z5

Attn: Accounts Receivable

Tel: 905-513-1058

Email: condoadmin@monopolypm.com