

# Pre-Authorized Personal Debit Agreement



Payor information (please print)

Last Name		First Name
Mailing Address		
City	Postal Code	Phone Number

The undersigned is/are the owner(s) of **Unit # \_\_\_\_\_**, \_\_\_\_\_, **Guelph, ON**

I/We hereby authorize \_\_\_\_\_ (**CC # \_\_\_\_\_**), c/o Alwington Communities. (Payee), and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit my account for the following purpose:

- a) the amount of the common element assessment fee (condominium fees) due and payable on the first day of each and every month per the Condominium Act of Ontario and the Declaration and Bylaws of the Corporation;
- b) parking and/or locker fees (if applicable) due and payable on the first day of each and every month;
- c) the cost of any charges for returned payments as stated in (a) and (b) above;
- d) sporadic payments/charges as permitted under the Condominium Act, Declaration and Bylaws of the Corporation. The Corporation will provide 10 days' notice of the amount of the sporadic payments.

Effective Date is: \_\_\_\_\_ (**NOTE: We require 15 days' notice for set-up**).

**I/We have attached a void cheque to this authorization to identify the account to be debited.**

I/We understand that this authorization will remain binding until such a time as I/We cancel it by notifying the Payee at least 15 days in advance of the next payment that is due. I/We understand that the Payee is not responsible for any cancellations that could not be processed due to insufficient written notice (less than 15 days).

I/We further understand that any payments not honoured by my/our bank may be assessed a processing fee of \$50.00 each time (which is subject to change). Two to five (2-5) days should be allowed for processing payments by the bank.

I/We 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)

c/o Alwington Communities  
275 Queen Street  
Kingston, ON K7K 1B7  
519-824-4208 (ph.)  
Contact@Alwington.com

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_