

Dear Home Owner(s):

- (1) It is our pleasure to introduce you to the Pre-authorized payment plan offered to all our owners for common element Payment Attached please find a copy of the Electronic Funds Transfer Pre-Authorization form for your reference. **“This form must be completed and returned to C/O proactive management and Consultancy inc.**

**87-6429 Finch Avn. West, Etobicoke. ON M9V 1T3.**

**or**

**email to [Info@proactivemanagement.ca](mailto:Info@proactivemanagement.ca)**

2. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process Payments against my/our account, as listed above, (the “Account”) in accordance with the Rules of the Canadian Payments Association.

3. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

4. I/We hereby authorize the Payee to issue Pre-Authorized Payments (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the “PAP”) drawn on the Account, for the following purpose: Condominium Maintenance Fees drawn once monthly on the first day of each month.

5. I/We may cancel the Authorization at any time upon providing written notice to the Payee.

6. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

7. The Payee will provide to me/us, at the address above provided in Section 1:

a) with respect to fixed amount PAPs, written notice of the amount to be debited (the “Payment Amount”) and the date(s) on which the Payment Amount debited will be posted to my/our Account (the “Payment Date”), at least 20 calendar days before the Payment Date of the first PAP, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

b) with respect to variable amount PAPs, written notice of the Payment Amount and the Payment Date(s), at least 20 calendar days before the Payment Date of every PAP; and

c) with respect to a PAP plan that provides for the issuance of a PAP in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAP in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.

8. I/We acknowledge that the Processing Institution is not required to verify that a PAP has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAP was issued has been fulfilled by the Payee as a condition to honoring a PAP issued or caused to be issued by the Payee on the Account.

9. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

10. I/We may dispute a PAP only under the following conditions:

(i) The PAP was not drawn in accordance with the Authorization;

(ii) The Authorization was revoked; or

(iii) Pre-notification, as required under Section 8 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAP in dispute was posted to the Account. I/We acknowledge that when disputing any PAP beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

11. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAP transaction.

12. I/We understand and accept the terms of participating in the PAP plan

If you have any questions regarding the above, please do not hesitate to contact our office at 416 901 9228.

Thank you for the opportunity to improve our services.

Yours truly,

**Proactive Management and Consultancy Inc.**



 (416) 901 9228  
 (647) 296 5681  
 pm@proactivemanagement.ca  
 www.proactivemanagement.ca

### PRE-AUTHORIZED DEBIT AGREEMENT

Pryor's Information – Please print clearly													
Reference Number (Optional)			Surname			First Name			Phone No.				
Address				Apt.		P O Box		City		Province		Postal Code	
Pre Authorized Debit (PAD) Details													
Fixed Amount \$			Purpose				Personal		Business		Fund Transfer		
Variable Amount Maximum \$			Frequency										
Start Date			Weekly		Bi-weekly		Monthly Sporadic		Other-Specific Intervals, Set dates or specific act. even or other criteria that triggers PAD				
Bank Account Information													
Pryor's Account Detail- Name (The Pryor's account at the Processing Institution)													
Institute ID			Branch ID			ACCOUNT NUMBER -MUST BE 12 DIGIT							
<input type="text"/>			<input type="text"/>			<input type="text"/>							
<b>ATTACH BLANK CHEQUE MARKED "VOID"</b>													
AUTHORIZATION I /We authorize _____ to debit my account with the aforementioned financial institution for the amount and frequency described above until written notice given.													
Pryor's signature				Mayor's signature				Date					
<b>WAIVER OF PRE-NOTIFICATION</b> <i>I wave any and all requirements for pre- notification of debiting, including, without limitation, pre-notification of any          changes for PAD due to a change in any applicable tax rate, top-up or adjustment.</i>													
Pryor's signature				Pryor's signature				Date					