

Pre-authorized debit (PAD) agreement

Common Expense Fees

Issued to Payee: CCC / OCCC / OCSCC No. _____



Owner's Name(s): _____
Unit Number: _____
Monthly CE Fees Amount: _____
Email Address(es): _____

Please return completed form to: desservices@rogers.com

I (we) acknowledge that this authorization form is for the benefit of the payee or its agents (identified hereinabove) and my financial institution as is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payment Association.

I/we authorize **DES Services Inc.** to begin deductions as per my/our instructions for monthly regular recurring payments of common expense fees attributable to my unit(s) as set out in my/our **condominium corporation's schedule of common expense fees** and as approved by the Board of Directors.

This authority is to remain in effect until **DES Services Inc. (on behalf of the condominium corporation)** has received written notification from me/us 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/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Plan Agreement at my/our financial institution.

DES Services Inc. 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/us. 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We understand that there is a 40.00\$ charge to an owner in default for each returned payment (in such instances as NSF)

I/We understand and accept this pre-authorized debit plan and wish to enroll therein. Furthermore, I/we agree that any personal information that might be contained in this Payor's Authorization may be disclosed to the Payee's financial institution.

I/We authorize CCC / OCSCC No. _____ to process a debit in electronic form to cover common expense fees from my/our account on the 1st day of each month commencing on _____ 20____.

Signature (as it appears on cheques)

Date

ATTACH VOID CHEQUE