

## PRE-AUTHORIZED DEBIT FORM

UNIT # \_\_\_\_\_

New Authorization

Cancellation Notice

**Payee Information: (Name of Condo)**

Account Holder: *(condo name here)* \_\_\_\_\_

Address: *(condo address here)* \_\_\_\_\_

**Payor Information: (your information)**

*Please notify Northtowne immediately if your account closes for any reason (email to terry@northtowne.ca)*

Account Holder: (name) \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Information: Route: \_\_\_\_\_ Transit: \_\_\_\_\_ Account: \_\_\_\_\_

**Transaction Information**

Amount of Maintenance Fee: \$ \_\_\_\_\_ Amount of Condo Fee (or Rent): \$ \_\_\_\_\_

*Frequency: Withdrawals usually occur on the first business day of each month*

**Authorization**

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Financial Institution and is provided in consideration of the Authorized Management Company agreeing to process debits (PADs) against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the CPA Rules). By signing this Authorization, I/We warrant and guarantee that the person(s) whose signatures(s) are required to sign on the Account have signed the Authorization.

\_\_\_\_\_  
*Signature of Payor* *Date*

\_\_\_\_\_  
*Signature of Payor* *Date*

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

**Cancel Payment**

( 30 days notice is required **before** the next PAD will be issued.)

\_\_\_\_\_  
*Signature of Payor* *Date*

\_\_\_\_\_  
*Signature of Payor* *Date*