



## J & W CONDOMINIUM MANAGEMENT LTD. PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS

1. Payor's Name and Address – please type or print clearly

CONDO # \_\_\_\_\_ SUITE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

We warrant and represent that the following information is accurate.

Payor Name(s):		
Apt:	Street:	
City:	Postal Code:	Telephone Number:
Signature of Payor(s):		Date:

Name of Payor's Financial Institution (the "Processing Institution"):		
Street:		
City:	Postal Code:	Account Number:

**\*\*\*MUST HAVE** an attached specimen cheque marked "VOID" to this payor authorization (the "Authorization") or a bank authorization form only attached, **will not** accept written bank information\*\*\*

We will inform the Payee, in writing within 10 business days, of any changes in the information provided in this section of the Authorization.

2. Payee's Name and Address – please print

Name of Payee (the "Payee"): J & W CONDOMINIUM MANAGEMENT LTD.		
Street: 125 FOREST AVENUE		
City: HAMILTON, ON	Postal Code: L8N 1X7	Telephone Number: 905-527-5445

3. 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 debits against our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.
5. We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:  
Payment of monthly condo fee

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6. We may cancel the Authorization at any time upon providing written notice to the Payee within 10 business days.
7. The Payee may issue a PAD monthly in an amount equal to the monthly rent due, to be withdrawn from the account on the first business day of the month.
8. We may dispute a PAD only under the following conditions:
  - (i) the PAD was not drawn in accordance with the Authorization;
  - (ii) the Authorization was revoked; or
  - (iii) pre-notification was not received.

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 10 business days after the date on which the PAD in dispute was posted to the Account.

We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between us and the Payee, outside the payment system.

9. We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
(PAYOR NAME)

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)