

PRE-AUTHORIZED PAYMENT PLAN

GPM Property Management Inc.
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Concord, Ontario L4K 4E5
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Corporation: York Condominium Corporation No. 204

Suite Number: _____

- Complete and sign the authorization form below.
- Attach your personal blank cheque marked "void".
- Mail or deliver the enrolment/authorization form and void cheque.

Terms and Conditions

I (We) authorize the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

This Personal Pre-authorized Debit (PAD) is for the monthly maintenance fees, applicable utility payments and any fees associated with the common expenses of the condominium corporation.

I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (We) maintain the account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (we) acknowledge certain recourse rights if any debit does not comply with this agreement. For example I (we) 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 my recourse rights, I (we) may contact my/our financial institution or visit www.cdnpay.ca.

I (We) will notify the Payee in writing of any changes in the account information 10 business days prior to the next due date.

PRE-AUTHORIZED PAYMENT AUTHORIZATION

Name _____

Address _____

Phone _____ E-Mail _____

I (We) authorize York Condominium Corporation No. 204 to process and debit, in paper, electronic, or other form, in the amount of _____, or such amount determined by the Board of Directors, on my (our) account on the 1st of each month beginning _____.

Bank and Address: _____

Account no. _____

- Type of Account: Savings
 Chequing
 Current

Signature

Date

Signature

Date

I (we) acknowledge that authorization may be revoked at any time, subject to providing notice (10 business days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.