Pre-Authorized Personal Debit Agreement

Payor information (please print)

Last Name		First Name
Mailing Address		
City	Postal Code	Phone Number

The undersigned is/are the owner(s) of **Unit # _____, 71 Garth Massey Drive, Cambridge, ON N1T 2G8**

I/We hereby authorize **Waterloo Common Element Condominium Corporation No. 451,** c/o Five Rivers Property Management Group (Payee), and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit my account for the following purpose:

a) the amount of the common element assessment fee (condominium fees) due and **payable on the first day of each and every month per the *Condominium Act, 1998* and the Declaration and Bylaws of the Corporation;** including any outstanding balance for the same from the closing date onward

b) parking and/or locker fees (if applicable) due and payable on the first day of each and every month; including any outstanding balance for the same from the closing date onward

c) the cost of any charges for returned payments as stated in (a) and (b) above;

d) sporadic payments/charges as permitted under the *Condominium Act*, Declaration and Bylaws of the Corporation. The Corporation will provide 10 days written notice of the amount of the sporadic payments.

Effective Date is: _____(**NOTE: We require 7 days' notice for set-up).**

I/We have attached a void cheque/bank form to this authorization to identify the chequing account to be debited.

I/We understand that this authorization will remain binding until such a time as I/We cancel it by notifying the Payee **in writing using the Cancellation Notice** at least 7 days in advance of the next payment that is due. A copy of the Cancellation Notice may be obtained by contacting the Payee listed below. I/We understand that the Payee is not responsible for any cancellations that could not be processed due to insufficient written notice (less than 7 days). I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting www.cdnpay.ca.

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.

Five Rivers Property Management Group
28 Bett Court
Guelph, ON N1C 0A5
519-824-4208
ownerupdates@fiveriverspm.ca

Authorized Signature _____ Date _____