PRE-AUTHORIZED DEBIT (PAD) PAYMENT AUTHORIZATION Middlesex Condominium Corporation No 153

UNIT#_ - 500 TALBOT STREET

	12 4 - Fay: F10 660 9710 - Fmail: i	info@thernenrenerty.com	
Tel. 519-660-1904	4 • Fax: 519-660-8710 • Email: i	inio@thorneproperty.com	
NAME(S):	TAY NOW COMMANDE	CONTRACTOR DESIGNATION OF THE PARTY OF	A THE WIND WAS VOT AND STANDING VACOUS
ent ni nodesti <u>.</u>	caud baca signed tors Audic	in sitt no nais et his abet is leo	evel comby wewent and guarantees that the pure
-			race provided on the front of this form
laum (ww) L			
then the 20th	ADDRESS OF RESIDENCE (IF NO	OT LIVING IN THE UNIT): No. STRE	EET, CITY, PROV, POSTAL CODE
PHONE:		LOÁG	FAX:
HONE. HON	Managament Indicated	WORK/CELL	To yranista has no sivery left eppelworks (ew
paper or other for commencement the first qualified	rm, with the amount due bein and 10 days before each cha debit date following receipt o	ng stated on a notice mailed to n ange thereafter, on my (our) acc of this Pre-authorized Debit Payr	ant of variable fees/charges due, in electronic, ne (us) 10 days before the debit date at ount on the 1st of each month beginning with ment Authorization (the Authorization).
(we) authorize	the Payee to draw on my (our) account number	
ch the FAD was	NAME OF FI	NANCIAL INSTITUTION (THE PROC	ESSING INSTITUTION)
PRE-AUTHORIZAT	TION DEBIT (PAD) CATEGORY (ion of begovering a PAD issued	RSONAL ACCT. Business Acct.
PRE-AUTHORIZAT	ION DEBIT (PAD) CATEGORY (ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the	(CHECK WHICH APPLIES): PER	RSONAL ACCT. Business Acct.
PRE-AUTHORIZAT	ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario	(CHECK WHICH APPLIES): PER	RSONAL ACCT. BUSINESS ACCT. ID" per example,
PRE-AUTHORIZAT	ION DEBIT (PAD) CATEGORY (ank cheque for this account LM.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the Order of	(CHECK WHICH APPLIES): PER	RSONAL ACCT. Business Acct.
PRE-AUTHORIZAT	ION DEBIT (PAD) CATEGORY (ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the	(CHECK WHICH APPLIES): PER	RSONAL ACCT. BUSINESS ACCT. ID" per example,
PRE-AUTHORIZAT	ION DEBIT (PAD) CATEGORY (ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the Order of Financial Institution 100 Penny Road Mytown, Ontario	(CHECK WHICH APPLIES): PER	RSONAL ACCT. BUSINESS ACCT. ID" per example,
PRE-AUTHORIZAT and attach a bla	ION DEBIT (PAD) CATEGORY (ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the Order of Financial Institution 100 Penny Road Mytown, Ontario C0001C A10012D509A dge that I (we) have read ar Authorization including the	(CHECK WHICH APPLIES): PEr t which has been marked "VO 0001 12D3456789C	BUSINESS ACCT. ID" per example,
and attach a bla	ION DEBIT (PAD) CATEGORY (ank cheque for this account I.M.N. Owner Best Condo Way # 1 Mytown, Ontario Pay to the Order of Financial Institution 100 Penny Road Mytown, Ontario C0001C A10012D509A dge that I (we) have read ar Authorization including the	(CHECK WHICH APPLIES): PER t which has been marked "VO 0001 12D3456789C and understood all the provision terms and conditions stated	BUSINESS ACCT. ID" per example,

NOTE: This Authorization requires the same signature(s) that is (are) required to issue a cheque on the above account.

Signature required on overleaf

PRE-AUTHORIZED DEBIT (PAD) PAYMENTS - TERMS AND CONDITIONS

I (we) acknowledge that this Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I (we) hereby authorize the Payee to draw on the account specified on the front of this Authorization; and I (we) hereby warrant and guarantee that the person(s) required to sign on this account have signed this Authorization in the space provided on the front of this form.

I (we) may revoke this Authorization at any time, I (we) acknowledge that, in order to revoke this Authorization, I (we) must provide written notice of revocation to the property manager Thorne Property Management Ltd, 885 Adelaide St N., London, ON N5Y 2M2 [Tel: 519-660-1904; Fax: 519-660-8710; Email: info@thorneproperty.com], not later than the 20th day of the month prior to the next due date of the PAD.

I (we) acknowledge that provision and delivery of this authorization to Thorne Property Management Ltd constitutes delivery by me (us) to the Processing Institution.

I (we) undertake to notify Thorne Property Management Ltd, in writing, of any change in the account information provided in this Authorization. I (we) acknowledge that such notice must be received by Thorne Property Management Ltd at 885 Adelaide St N., London, ON N5Y 2M2, by the 20th day of the month prior to the next due date of the PAD.

I (we) acknowledge that the Processing Institution named by me (us) is not required to verify that a PAD has been issued in accordance with the particulars stated in this Authorization including, but not limited to, the amount.

I (we) acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition of honouring a PAD issued or caused to be issued by the Payee on my (our) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and the Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

Where a PAD has been erroneously charged I (we) may dispute the PAD if:

- (1) the PAD was not drawn in accordance with my (our) Authorization; or
- (2) the Authorization was revoked by notice receipted by Thorne Property Management on or before the 20th day of the month; or
- (3) Thorne Property Management Ltd did not distribute pre-notification of change in PAD amount a minimum of 10 days prior to the next due date of the PAD.

In order to be reimbursed, I (we) acknowledge that a declaration to the effect that either (1), (2) or (3) took place must be completed and presented to the branch of the Processing Institution holding my (our) account up to and including 90 calendar days after the date on which the PAD in dispute was posted to my (our) account.

10001100 bolloly bollicon	ano i ajoo ana mjoon (oai	selves) when disputing any PAD after 90 calendar days.
SIGNATURE(S):		DATE:
	EFTAG	DATE: