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C-ERA Property Management & Realty

Pre-Authorized Debit (PAD) Agreement

1. **Customer Information (Please Print Clearly)**

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone Number: _____

Name of Condominium: _____ Civic Unit #:_____

Condominium Fee: $_____ Start Date: _____

2. **Bank Account Information: Attach a void cheque or Bank Authorization Form**

3. **Pre-Authorized Debit (PAD) Details:**

You, the Payor, authorize C-Era Property Management & Realty, in trust for, Cooper's Crossing Residents' Association. *(the Payee)* to debit the bank account provided by the Payor for regular monthly condominium fees as determined by the Board of the Residents Association. Where specifically authorized in writing, this bank account may also be debited for one-time payments as determined by the Board of the Residents Association.

These services are for (check one): Personal Business

Regular annual fees will be debited on the first day of the month (or on the next business day).

One-time payments (if any) will be debited on the first day of the month (or on the next business day) following notification from the Payee. The Payee will provide the Payor with at least ten (10) days written notification of the one-time payment.

Adjustments may be made to this Agreement such that the amount of the regular yearly association fees may be increased or decreased as stated in the association's annual budget. In the event of such an adjustment, the Payee will provide the Payor with at least ten (10) days written notification of the change in the pre-authorized amount.

A $50 NSF fee will be charged for any pre-authorized debit that does not clear the bank due to insufficient funds or caused because the Payee was not notified of a change in the Payor's bank account information.

You, the Payor will inform the Payee in writing of any changes to the account information provided.

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You, the Payor, may revoke your authorization at any time by providing thirty (30) days written notice by e-mail, fax or mail to the offices of C-Era Property Management & Realty. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit https://www.payments.ca.

You, the Payor, have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit https://www.payments.ca.

PLEASE NOTE THAT YOU MUST INITIAL THE FOLLOWING PRE-NOTIFICATION ADVICE WAIVER, OR WE WILL BE UNABLE TO PROCESS YOUR PAYMENTS.

Pre-notification advice waiver

By initialing here _____ you, the Payor agree that the standard pre-notification required ten (10) days prior to each debit of the regular annual fees is hereby waived. Pre-notification will only be required ten (10) days before the first debit of the regular annual fees if the fees change and/or in the event of one-time payments.

Signature of Account Holder:

_____

Name: _____
(print name)

Date: _____

Signature of Joint Account Holder (if applicable):

_____

Name: _____
(print name)

Date: _____

When the form is complete, please e-mail to **accountingadmin@cerapm.com** or fax/mail using the information below.

This completed form must be received by 4:00 pm on the 20th of the month in order for the PAD to be processed for the 1st of the following month.

ATTACH VOID CHEQUE HERE

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I/we understand that the information in this document will be used by the Community Manager, Site Manager (if any) and the Board of Directors for the management of the Association. In accordance with the Personal Information Protection Act (PIPA), I consent to this use of the information provided.

By providing a completed copy of this form to C-Era Property Management & Realty – An Associa Company, I acknowledge my understanding and consent of the above statements.

Owner 1 Name (print)	Signature	Date
Owner 2 Name (print)	Signature	Date

Please complete and return form via e-mail to admin@cerapm.com or mail to the address below.