



Premiere Property Management Associates  
A Division of 128431 Canada Inc.

## PRE-APPROVED PAYMENT AUTHORIZATION TERMS & CONDITIONS

I(we) authorize Premiere Property Management Associates (the payee) and the financial institution designated (or any other financial institution I (we) may authorize at any time) to begin deductions as per my (our) instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my (our)account(s). Regular monthly payments will be debited to my (our) specified account on the 1 st day of each month.

The payee will obtain my (our) authorization for any other one-time or sporadic debits. This authority is to remain in effect until the payee has received written notification from me (us) of its change or termination. **Notice of such change or termination must be received at least (10) business days before the next debit is scheduled at the address provided below.** I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel a PAP Agreement at my (our) financial institution or by visiting [www.payments.ca](http://www.payments.ca)

The payee may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me (us). 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 PAP that is not authorized or is not consistent with this PAP 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.payments.ca](http://www.payments.ca)

### Pre-authorized Payment Authorization (please complete and return)

**Yes! I want to join and have enclosed a VOID cheque copy**

(PLEASE PRINT CLEARLY)

Name(s):

Condo Address:

Cell/Ph:  Email:

I (we) authorize Condo No.  c/o Premiere Property Management Associates to debit my/our bank account in the amount of \$  on the 1<sup>st</sup> day of each month commencing  (month/year)

These services are for (please check one)  personal use  business use

**I(WE) FURTHER AUTHORIZE THE PAYEE TO IMMEDIATELY DEBIT FROM MY(OUR) ACCOUNT THE AMOUNT OF ANY OUTSTANDING BALANCE WHICH IS DUE UPON RECEIPT OF THIS AUTHORIZATION.**

Authorized Signature

Date (yyyy/mmm/dd)

**Please fax or email your completed form and void cheque copy to: [dnelligan@premierepropertymgt.com](mailto:dnelligan@premierepropertymgt.com)**

**Note:** you will be charged \$25 (subject to change) for payments returned to us for any reason.