Capital Integral
PROPERTY MANAGEMENT

PRE-AUTHORIZED PAYMENT ENROLMENT FORM

Terms and Conditions

I/we authorize Capital Integral Property Management, 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 agreement with Capital Integral Property Management. Regular monthly payments for the full amount will be debited to my/our specified account on the 1st day of each month. Capital Integral Property Management will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Capital Integral Property Management has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) 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 PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Capital Integral Property Management 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 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.

Please note: should payments be returned by your bank to the Payee for ANY reason, there will be a $45 fee added to your account.

Authorization – CCC/OCCC/OCSCC 1058

Condo Unit -203 Catherine Street

Date: _____

Name(s): _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Tel: _____

Email: _____

*Please complete and attach the full *Owner Information Form*

☐ **I / We have enclosed a VOID, UNSIGNED cheque as a sample indicating my / our financial institution's name, transit number and address. (Please note: we cannot accept cheques linked to a credit card, line of credit or loan.)**

_____ _____

(Signature) (Signature)

For joint accounts, both signatures are required.

*Amount to be withdrawn:

Condominium Fees / monthly $ _____

Other: _____ $ _____

***These amounts are subject to change as advised in your condo corporation's budget or special assessment notices.**

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