

# Pre-Authorized Payment (PAP) Authorization Form

Confidential when complete



Please complete the information requested below and email, mail or fax the completed form and void cheque to: TAG MANAGEMENT

4 – 1080 Clay Ave., Burlington, ON L7L 0A1

Email: mail@tagmanagement.ca

Your TAG MANAGEMENT Account Information

Name: \_\_\_\_\_ Condo Corp #: **HSCC #421**

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

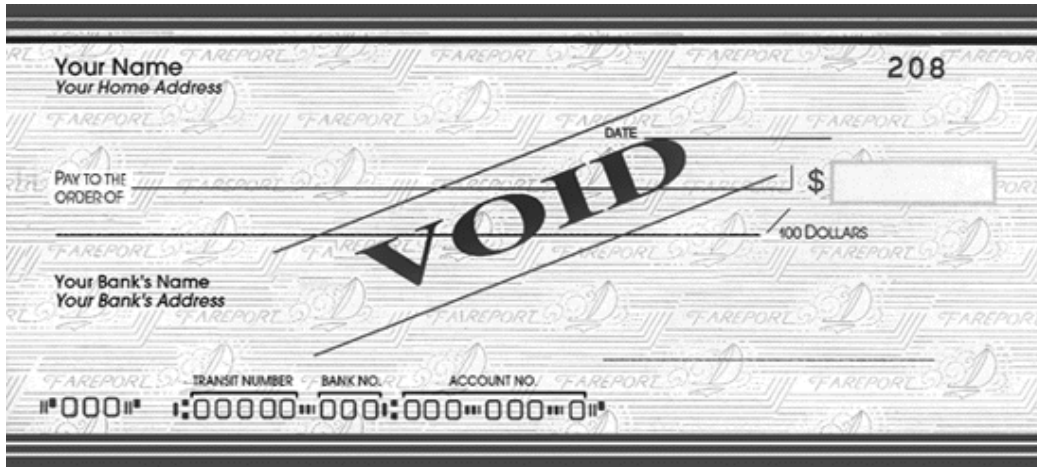
Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Start Date:** \_\_\_\_\_

Your Banking Information

**Account Type**    **Personal**    **Business**

Attach void cheque or enter banking account information below:



5 Digit Transit Number \_\_\_\_\_ 3 Digit Bank Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

## **TERMS AND CONDITIONS**

1. I/We hereby authorize TAG MANAGEMENT and/or the Condominium Corporation and the Financial Institution to debit my bank account to make payment of all charges arising under TAG MANAGEMENT and/or the Condominium Corporation account.
2. I/We understand that payments may be drawn on a Canadian dollar bank account only. Credit Card Cheques and Line of Credit Accounts are not accepted.
3. I/We agree that this authorization: (I) is for use by TAG MANAGEMENT and/or the Condominium Corporation and for my/our Financial Institution to debit my/our bank account for the purposes of paying my/our TAG MANAGEMENT and/or the Condominium Corporation account monthly invoices; (II) requires (10) days' notice (Prior to the next scheduled debit) to start, stop, or amend PAP amounts. Late Notice cancellations are subject to a \$25.00 administration fee.
4. May be cancelled by TAG MANAGEMENT and/or the Condominium Corporation by written notice to my billing address before the next debit.
5. I/We have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I/We have the right to receive reimbursement for any debit not authorized or not consistent with this PAP Agreement. To obtain more information of my/our recourse rights, please contact your Financial Institution.
6. A Forty-five (\$45.00) dollar NSF Fee applies to all payments returned by your financial institution for any reason.
7. Withdrawals occur on the first banking day of each month.
8. A monthly service charge of one (\$1.00) dollar will be added to each PAP payment for this service. The \$1.00 service charge is a process fee only – It does not form part of the monthly common element fees.

I, the undersigned, have read, understood, and agree to the terms and conditions of this agreement.

**Customer Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_