

Pre-Authorized Payment (PAP) Authorization - Condo

Confidential when complete.



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

TAG Management

Fax: 905-333-0613

1-5510 Mainway Burlington, Ontario, L7L 6C4

Email: mail@tagmanagement.ca

Your TAG Management Account Information

Name _____ Condo Corporation # _____

Address _____ Telephone # _____

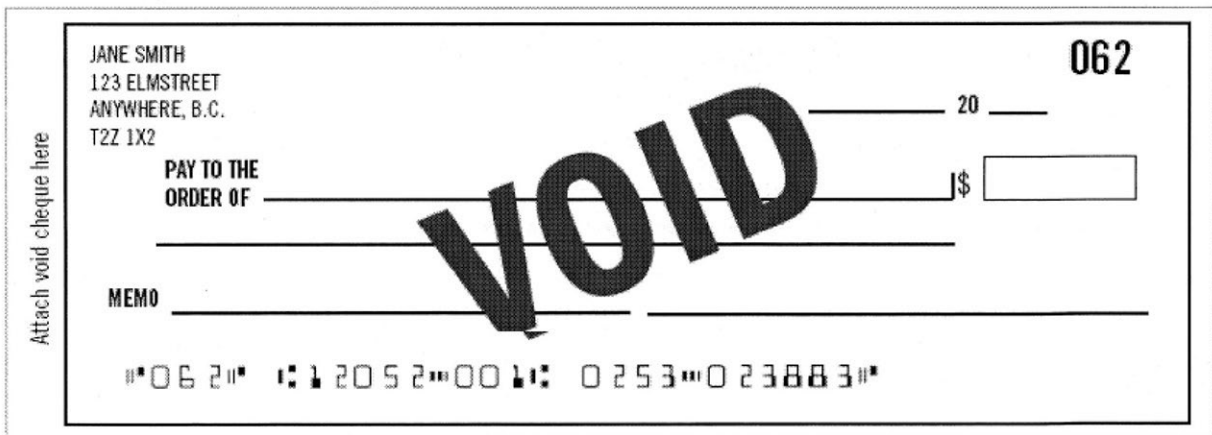
City _____ Postal Code _____ Email address _____

Start Date _____

Your Banking Information

Account Type: Personal Business

Attach void cheque or enter banking account information below



Name of Bank or Financial Institution _____

Bank Number

Bank Account Number

5 Digit Transit 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 purpose of paying my/our TAG MANAGEMENT and/or the Condominium Corporation account monthly invoices; (ii) requires ten (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. 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.
5. I/We have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I/we the right to receive reimbursement for any debit not authorized or not consistent with this PAP Agreement. To obtain more information on 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.

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

Customer Signature (required): _____

Date _____