



## PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

**For Office Use Only**

Unit Possession: \_\_\_\_\_  
 Retroactive Fees: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Monthly Fees: \_\_\_\_\_

Condominium Address: \_\_\_\_\_ Legal Unit: \_\_\_\_\_

**Owner(s) Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- New Owner/Management
- Change Bank Account
- Currently pay by cheque;  
Set me up on PAD instead
- Cancel PAD

**Bank Account Information:**

**Please attach a VOID cheque or  
 Bank Account Information sheet from your  
 Financial Institution**

**Pre-Authorized Debit (PAD) Details:** You, the Payor, authorize Condominium Corporation No. 0212152; 97 Crystal Shores Cove, Okotoks, AB, 403-536-7080; [turnbury@bluejeancm.com](mailto:turnbury@bluejeancm.com) to debit the bank account identified for regular monthly condominium contributions or one-time payments from time to time as determined by the Board of the Condominium Corporation of the above address. We, the Payee, Condominium Corporation No. 0212152 will provide you, The Payor, 10 days written notice of the amount of each regular debit, unless such notification is waived in the section below. Pre-notification will always be given to you when the regular monthly condominium contributions change and/or in the event of one-time payments. Regular monthly condominium contributions will usually be debited on the first day of the month or on the next business day, however a specific event, such as the startup of the PAD service or a new budget cycle, may debit or occur on a different day.

**Pre-Notification Advice Waiver**

By initialing here:  \* you, the Payor, agree that the standard pre-notification, required 10 days prior to each debit of the regular monthly condominium contributions, is hereby waived. Pre-notification will only be required 10 days before the first debit of the regular monthly condominium contributions after any amount change and/or in the event of one-time payments.

**\*IMPORTANT!** In order to process your PAD monthly, this waiver MUST be initialed in the box above.\*

These services are for: Personal Use  Business Use

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

Signature of Account Holder (Required) \_\_\_\_\_

Signature of Joint Account Holder (if applicable) \_\_\_\_\_

Name of Account Holder (Print) \_\_\_\_\_

Name of Joint Account Holder (Print) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

You 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 [www.payments.ca](http://www.payments.ca).