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

City: Milton Email Address:

201-3425 Harvester Road, Burlington, ON L7N3N1

Email: mail@tagmanagement.ca

Your TAG MANAGEMENT Account Information

Name:

Address: 610 Farmstead Drive

Unit #:

Telephone #:

Condo Corp #: HSCC #718

Start Date:

Your Banking Information

□ Business

Attach void cheque or enter banking account information below:

Your Name Your Home Address	ORL 2 - 2 - 2	M FAREPORT	2 <u>2</u> 2 3 1 +	NEPORT SILDZ	208
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Your Bank's Name Your Bank's Address	ort 5D	W TAREPORT	5D5-111 71	rreport DS	III
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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.
- I/We agree that this authorization: (I) is for use by TAG MANAGEMENT and/or the Condominium Corporation and for my/our 3. 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.
- May be cancelled by TAG MANAGEMENT and/or the Condominium Corporation by written notice to my billing address before 4. the next debit.
- I/We have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I/We have the right to 5. 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.
- A Forty-five (\$45.00) dollar NSF Fee applies to all payments returned by your financial institution for any reason. 6.
- 7. Withdrawals occur on the first banking day of each month.
- 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 8. 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):