

# Pre-Authorized Payment (PAP) Authorization Form

Confidential when complete



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

TAG MANAGEMENT

201-3425 Harvester Road, Burlington, ON L7N 3N1

Email: mail@tagmanagement.ca

Your TAG MANAGEMENT Account Information

Name: \_\_\_\_\_ Condo Corp #: PSCC #774

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

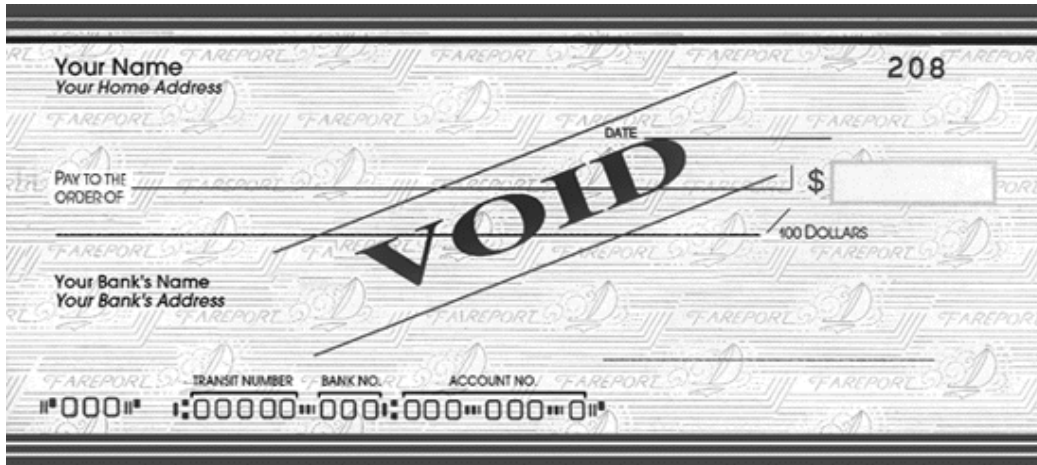
Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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 \$35.00 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.

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

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