Pre-Authorized Payment (PAP) Authorization Form - Condo

Confidential when complete



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

4 – 1080 Clay Ave., Burlington, ON L7L 0A1 Email: mail@tagmanagement.ca

Your TAG MAN	IAGEMENT Account Information	
Name:		Condo Corp #:
Address:		Telephone #:
Unit #:	City:	Email Address:
Start D	vate:	
Your Banking I	nformation	

Account Type

Personal Business

Attach void cheque or enter banking account information below:

Your Name Your Home Address	208 AREPORT
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PAY TO THE ORDER OF	\$ 0
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Your Bank's Name Your Bank's Address AREPORE OF TAREPORE OF THE PROPERTY OF T	DO III TAREPORE DO III TAREPO
FAREPORE STRANSFINUMBER FRANKNOW ACCOUNT NO.	
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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.
- 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.
- 8. A monthly service charge of one dollar seventy-five cents (\$1.75) will be added to each PAP payment for this service. The \$1.75 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:
customer signature (nequireu).	Date.