

# Payor's Pre-Authorized Debit (PAD) Agreement

## 1. Customer & Property Information (Please Print Clearly)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Property Name GATEWAY SOUTH CENTRE Unit #: \_\_\_\_\_  
Condo Fee \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

## 2. Bank Account Information

Account Number \_\_\_\_\_ Branch Transit Number:        
Financial Institution Number:     Chequing Account  Savings Account   
Financial Institution: Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

## 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **(CCN #0614475)** to debit the bank account identified above for regular monthly condo fees as determined by the Board of the Condominium Corporation of the above address. Where specifically authorized in writing this bank account may also be debited for one time payments as determined by the Board of the Condominium Corporation of the above address.

Regular monthly condo fees will be debited on the first day of the month or on the next business day.

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 (*not less than 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.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

\_\_\_\_\_

Name: \_\_\_\_\_

(print name)

Date: \_\_\_\_\_

Signature of Joint Account Holder (if applicable):

\_\_\_\_\_

Name: \_\_\_\_\_

(print name)

D a t e : \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). **If the PAD is returned NSF there is a standard \$50.00 charge per occurrence which is billed to the Owners account.**

When the form is complete please email a copy to [accounting@gatewaysouthcentre.com](mailto:accounting@gatewaysouthcentre.com) or send by mail to:

GWSC Site Office, 11811 Lake Fraser Drive SE, Calgary, AB T2J 4J7

**Please attach a void cheque to the bottom of this form for the account details provided**

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(place void cheque here)