



Pre-Authorized Debit (PAD) Agreement

Please attach a VOID CHEQUE to this form

1. Payor's Information (Please Print or Type Clearly)

Payor's Name _____

Building (circle one) 20 30 60 70 Unit _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

2. Payor's Financial Institution Information (Please Print or Type Clearly)

Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transit Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Financial Institution Number	<input type="text"/> <input type="text"/> <input type="text"/>
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Name of Financial Institution _____

3. Pre-Authorized Debit Details

You, the Payor, authorize the Payee, Condominium Corporation Number 051 4332 – Red Haus Condominiums to debit the bank account identified above for \$ _____ monthly on the 1st of every month or the next business day for **MONTHLY INSTALLMENT ASSESSMENT FOR CONDOMINIUM FEES**. *(The amount authorized is subject to update annually as per the approved annual budget for Condominium Corporation Number 051 4332).* You, the Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

These services are for (check one) – Personal Use Business Use

You, the Payor, may revoke your authorization at any time upon 15 days' notice in writing to the Payee.

Signature of Account Holder _____

Signature of Joint Account Holder (if applicable) _____

Name (Please Print) _____

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 mor information on my recourse rights, you may contact my financial institution or visit www.payments.ca

Disclosure Notice: Condominium Corporation Number 051 4332 – Red Haus Condominium will charge an administration fee of \$50 for every returned EFT payment.

4. Payee Information

Condominium Corporation Number 051 4332 – Red Haus Condominiums
50 Royal Oak Plaza NW, Calgary, Alberta, T3G 0B3
Tel: 403-452-8800

Please complete and sign the PAD Agreement Form and return to Condominium Corporation 051 4332, 50 Royal Oak Plaza NW, Calgary, AB T3G 0B3 or Email to office@redhauscondos.com All documents received electronically shall be accepted as originals.