



Pre-Authorized Debit (PAD) Agreement

1. Owner Information

Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: _____ Email: _____

2. Bank Account Information

Account Number: _____ Branch Transit Number: _____
 Financial Institution Number: _____
 Financial Institution:
 Name: _____
 Branch Address: _____

ATTACH VOID CHEQUE

3. Pre-Authorized Debit (PAD) Details

You, the Payer, authorize The Owners: Condominium Plan No 961 1089 (Somerset Village) to debit the bank account identified above for

(Please check (✓) the box- for purpose covered under this PAD; you may select more than 1 option)

- Condominium Fees in accordance with The Owners: Condominium Plan No 961 1089 (Somerset Village) monthly fee schedule on the 1st of every month or next business day.
 _____ (Start Date)
- Arrears in the amount of \$_____ (only payment of the full amount due (arrears) will be accepted including charges related thereto) **Note that PAD for this purpose will be processed upon receipt hereof or on this date** _____, and should be received before the date indicated in the Friendly Reminder Letter, if applicable. This is one-time debit authorization only.
- Others, please specify the purpose _____.
 _____ (Start Date)

These payments are for (check one) _____ Personal _____ Business Use

This authorization shall remain in effect until Somerset Village has received written confirmation from you of its termination. This notification must be received 10 business days before the next deduction is scheduled. You may obtain a sample cancellation form or more information on your right to cancel a PAD agreement at your financial institution or by visiting www.cdnpay.ca. If your payment is returned to us NSF by your bank, this PAD process will be stopped immediately and it is your responsibility to pay the additional charges and complete a new PAD application. No further notice will be given.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

Name: _____
 (Please Print)

Name: _____
 (Please Print)

Date: _____

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 PAD which is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on your recourse rights, you may contact our financial institution or visit www.cdnpay.ca.

When this form is complete, please return to: Condominium Corporation No 961 1089 (Somerset Village)
 c/o Diversified Management Southern
 218, 222 16 Avenue NE
 Calgary, AB T2E 1J8
 Telephone (403) 230-7376 Fax (403) 230-7356
 kheintz@divsouth.com