

CONDOMINIUM MANAGEMENT GROUP
200 - 335 Catherine Street, Ottawa, ON, K1R 5T4
Tel: 613-237-9519 Fax: 613-237-3533

PRE-APPROVED PAYMENT PLAN
TERMS AND CONDITIONS

I(we) authorize the payee to debit my(our) account as indicated on the attached Pre-authorized Payment Authorization under the terms and conditions agreed to by me(us) with the payee until such time as written notice to the contrary is given.

I(we) acknowledge that delivery of my(our) authorization to the payee constitutes delivery by me(us) to the branch of the financial institution at which I(we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods and services exchanged.

I(we) will notify the Payee in writing of any changes in the account information or termination of this authorization at least 14 days prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me(us) to the branch of account within 90 days.

- a) I(we) never provided authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with my(our) authorization.
- c) My(our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I(we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

*****Please note: We cannot accept cheques that are linked to a credit card or line of credit, only chequing or savings accounts. *****

*****There is a \$35.00 charge for payments returned to us for any reason. *****

****Form and void cheque must be received at least 14 days prior to the specified start date in order to be set up for that month****

Pre-authorized Payment Authorization

Name(s) _____ Phone _____

Address (of condo) _____

Email address(s) _____

I(we) authorize CCC/OCSCC # _____ to process a debit, in paper, electronic or other form,
to cover common expenses, from my(our) account on the 1st day of each month commencing: _____ 20____.

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I(we) acknowledge that I(we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I(we) have received a copy.

Signature _____ Date _____

PLEASE ATTACH VOID CHEQUE HERE