Pre-Authorized Payment (PAP) Authorization Form – PCC #155

Confidential when complete

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

4 – 1080 Clay Ave., Burlington, ON L7L 0A1

Email: mail@tagmanagement.ca

Your TAG MANAGEMENT Account Information

Name:

Address: 6780 Formentera Avenue

Unit #:

Your Banking Information

□ Business

Attach void cheque or enter banking account information below:

Your Name Your Home Address	208 AREPORT 208
III TAREPORT & DE IIII TAREPORT & D. III TAR	DATE DE LOS TILL TEARSPORT S. 45 T
PAV TO THE ORDER OF	
Your Bank's Name Your Bank's Address	PORT S. L. MODOLAS DS-1111 TAREPORT S DS-1111 TAREPOR
	EPORT SD JULI TAREPORT SDS J

5 Digit Transit Number

TERMS AND CONDITIONS 1. I/We hereby authorize TAG MANAGEMENT and/or the Condominium Corporation and the Financial Institution to debit my bank

_____ 3 Digit Bank Number _____ Bank Account Number

- 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.
- I/We agree that this authorization: (I) is for use by TAG MANAGEMENT and/or the Condominium Corporation and for my/our 3. 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 \$25.00 administration fee.
- May be cancelled by TAG MANAGEMENT and/or the Condominium Corporation by written notice to my billing address before 4. the next debit.
- I/We have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I/We have the right to 5. 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.
- A Forty-five (\$45.00) dollar NSF Fee applies to all payments returned by your financial institution for any reason. 6.
- 7. Withdrawals occur on the first banking day of each month.
- A monthly service charge of one (\$1.00) dollar will be added to each PAP payment for this service. The \$1.00 service charge is a 8. 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):



Condo Corp #: PCC #155

Telephone #:

City: Mississauga Email Address:

Start Date: