



**Personal Pre-Authorized Debit (PAD) Agreement**

I/we authorize Meritus Group Management Inc., on behalf of our condominium corporation as noted in the Customer Information, and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments in the amount of \$\_\_\_\_\_. Regular monthly payments for the full amount payable will be debited to my/our specified account on the 1<sup>st</sup> business day of each month. The payments will be applied to charges incurred in accordance with the *Condominium Act, 1998* in the order in which the charges are incurred. I/we understand that if the withdrawal of the amount on the 1<sup>st</sup> business day fails, a 2<sup>nd</sup> attempt may be executed within 30 days in accordance with CPA rule H1 and that failed withdrawals will result in NSF charges being applied.

This authority is to remain in effect until Meritus Group Management Inc. has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) days before the next debit is scheduled at the address provided above. I/we may obtain a sample cancellation form or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE COMPLETE THE CUSTOMER INFORMATION SECTION IN FULL & ATTACH A VOID CHEQUE**

**CREDIT CARD / LINE OF CREDIT ACCOUNTS CANNOT BE USED FOR PAD**

<b>CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please Print Clearly)</b>	<b>BANK ACCOUNT INFORMATION</b>
Condominium Corporation (or N/A):	Financial Institution (FI):
Name(s):	Branch Address:
Unit #:	FI Account #:
Address:	FI Transit # (3 Digits):
City:	Branch Transit # (5 Digits):
Province:	
Postal Code:	<b>AUTHORIZATION</b>
Home Phone #:	
Mobile Phone #:	Date:
Other Phone #:	
Email Address:	Date:

**ATTENTION**

In conjunction with our continuing efforts to protect the environment Meritus Group Management does not deliver arrears notices by postal mail. In order to ensure you receive arrears notices, please ensure your email address is included in the Customer Information section when this form is returned to our office.