

**OTTAWA-CARLETON STANDARD CONDOMINIUM  
CORPORATION NO. 769**

**PRE-AUTHORIZED PAYMENT PLAN (PAP)**

**Client Information**

Last Name		First Name	
( )		( )	
Home telephone		Business Telephone	
Address		City	Province
			Postal Code

**Authorization from the Tenant/Owner for the Condominium Corporation to Debit an Account**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your bank account.
2. Please sign the attached Terms and Conditions document.
3. Return the completed form with a blank cheque marked "VOID" to: OCCC#769, 102-3580 Rivergate Way, Ottawa, Ontario K1V 1V5  
Attention: Edi McCord 613-247-1918

**Please attach void cheque.**

# PRE-AUTHORIZED PAYMENT AUTHORIZATION . TERMS AND CONDITIONS

In this Authorization, “I”, “me”, “we”, “us”, “Name of Payor” and “my” refers to each Account Holder who signs below.

In this Authorization, “Name of Payee” refers to the Landlord, Condominium Manager or Property Manager and “Processing Institution” refers to the Landlord’s, Condominium Manager or Property Manager’s Financial Institution.

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I(We) hereby authorize (Name of Payee) to draw on the Account Holder’s Bank account described below, for the following purpose

This authorization may be cancelled at any time upon notice by (Name of Payor). I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to (Name of Payee) not to exceed 10 days. To obtain a sample cancellation form, or for 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)

I(We) acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

The Payor and Payee agree to waive the pre-notification requirement set out in Section U of Appendix II of rule Hi of the Canadian Payments Association.

I(We) undertake to inform (Name of Payee), in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that (Name of Payee) is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked “VOID” and attached hereto.

I(We) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor’s Authorization including, but not limited to, the amount.

I(We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by (Name of Payee) as a condition to honouring a PAD issued or caused to be issued by (Name of Payee) on (Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor’s Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

- (i) the PAD was not drawn in accordance with the Payor’s Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (i), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor’s account up to and including 90 calendar days in the case of a personal! household PAD (or up to and including i0 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor’s account.

The Payor acknowledges that a claim on the basis that the Payor’s Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or i0 business days in the case of a business PAD).

**DEFINITIONS**

**Business PAD:** Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

**Personal/Household PAD:** Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.

**Personal / Household PAD  OR Business PAD**

**I (we) authorize the Condominium Manager to process a debit, in paper, electronic or other form in the amount of:**

\_\_\_\_\_

**The debit will be processed to your account on the 1<sup>st</sup> day of each month or the next business day.**

This amount may be increased/decreased at a future date as agreed to in writing by me(us).

The Condominium Manager will to the best of their abilities advise me (us) in writing of the revised amount in advance of its(charged amount) effective date.

I (e) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

<b>Personal / Household PAD only</b>		
	Signature of Account Holder	Date