

PAD AGREEMENT

Authorization to Debit an Account Under the Preauthorized Payment Plan

I (we) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution as is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

PAYEE: Emerald Management & Realty Ltd.
1036 - 10 Avenue S.W.
Calgary, AB, T2R 1M4
Ph: (403) 237-8600 Fax: (403) 290-1530
Email: general@emeraldmanagement.com

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

I (we) hereby authorize the Payee identified above to draw on my (our) account number with my (our) financial institution, for the following purpose:

Amount	Purpose	Frequency
\$ _____	<input type="checkbox"/> Condominium Contribution <input type="checkbox"/> Rental Payment <input type="checkbox"/> Special Assessment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Monthly <input type="checkbox"/> One-time

Effective Date: _____, _____

Address: _____

I (we) understand that I (we) may revoke my (our) Authorization at any time, subject to providing 30 days notice of my (our) revocation to the Payee. I (we) understand that I (we) may obtain a sample cancellation form, or further information on my (our) right to cancel a PAD Agreement, at my (our) financial institution or by visiting www.payments.ca.

I (we) acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by me (us) to my (our) financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

I (we) understand that 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. I (we) acknowledge that, in order to be reimbursed, a declaration to the effect that an error took place, must be completed and presented to the branch of my (our) financial institution either up to and including 90 calendar days in the case of a "personal/household" preauthorized debit, after the date on which the payment in dispute was posted to my (our) account. I (we) understand that 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.payments.ca.

I (we) acknowledge 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 myself (ourselves) when disputing any preauthorized debit after 90 calendar days in the case of a "personal/household" preauthorized debit.

I (we) understand and accept this pre-authorization debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in this Payor's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly to and necessary for the proper application of Rule H4 of the Canadian Payments Association.

Print Name(s)

Signature (as it appears on the cheques)

Date

Signature (as it appears on the cheques)

Date

NOTE: Please attach a sample of a (canceled/void) cheque from your financial institution. If the preauthorized cheques are to be drawn on a joint account, or if several signatures are required, this authorization must be signed by all the co-signers involved. No Credit Card cheques please.

Reset