

PRE-APPROVED PAYMENT PLAN

Please complete the Pre-approved Payment (PAP) Plan Agreement below

I (we) authorize Premiere Property Management Associates (the payee) and the financial institution designated (or any other financial institution I (we) may authorize at any time) to begin deductions as per my (our) instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my (our) account(s). Regular monthly payments will be debited to my (our) specified account on the 1st day of each month. The payee will obtain my (our) authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the payee has received written notification from me (us) of its change or termination. ***Notice of such change or termination must be received at least (10) business days before the next debit is scheduled at the address provided below.*** I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel a PAP Agreement at my (our) financial institution or by visiting www.cdnpay.ca.

The payee may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me (us).

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 PAP that is not authorized or is not consistent with this PAP 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.

Yes! I want to join and enclose a **VOID** cheque.

(PLEASE PRINT IN BLOCK LETTERS)

Name(s): _____

Condo Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

(NOTE: This authorization MUST be received at least 10 business days before the next debit is scheduled. Payment for that month must otherwise be made by separate cheque payable to your Condo Corporation.)

Circle amount

I (we) authorize CCC #157 to debit my bank account in the amount of \$ 353 / 390 on the 1st day of each month commencing _____.

These services are for (check one) _____ personal _____ business use.

I(WE) FURTHER AUTHORIZE THE PAYEE TO IMMEDIATELY DEBIT FROM MY(OUR) ACCOUNT THE AMOUNT OF ANY OUTSTANDING BALANCE WHICH IS DUE UPON RECEIPT OF THIS AUTHORIZATION.

Authorized Signature(s) _____

_____ Date

Premiere Property Management Assoc.

2049 Meadowbrook Road

Ottawa, ON K1B 4W7

Tel: 613-236-3902 Fax: 613-230-2371

Please fax or scan your completed form and void cheque to: dnelligan@premierepropertymgt.com