



101 – 701 Main Street West  
Hamilton, ON L8S 1A2  
(905) 540-8800  
[info@wilsonblanchard.com](mailto:info@wilsonblanchard.com)

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

I/we authorize Wilson, Blanchard Management Inc., on behalf of our condominium corporation as noted on the reverse, and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments in the amount of \$\_\_\_\_\_ and/or one-time payments from time-to-time for amounts payable to our corporation for common element fees and/or special assessments. 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. Wilson, Blanchard Management Inc. will provide ten (10) days written notice for any one-time or sporadic debits and any fee increases.

This authority is to remain in effect until Wilson, Blanchard 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 Reimbursement Claim or for 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 REVERSE &  
ATTACH A VOID CHEQUE**

**CUSTOMER (ACCOUNT HOLDER)  
INFORMATION (Please Print Clearly)**

|                          |
|--------------------------|
| Name:                    |
| Condominium Corporation: |
| Unit #:                  |
| Address:                 |
| City:                    |
| Province:                |
| Postal Code:             |
| Telephone Number:        |
| Mobile Number:           |
| E-Mail Address:          |

**BANK ACCOUNT INFORMATION**

|                              |
|------------------------------|
| Financial Institution (FI):  |
| Branch Address:              |
| FI Account #:                |
| FI Transit # (3 Digits):     |
| Branch Transit # (5 Digits): |

**AUTHORIZATION**

|            |
|------------|
| Signature: |
| Date:      |
| Signature: |
| Date:      |

**PLEASE ATTACH A VOID CHEQUE**