



An **Associa**® Company  
 101-701 Main Street West  
 Hamilton, ON L8S 1A2  
 (905) 540-8800

[owner.info@wilsonblanchard.com](mailto:owner.info@wilsonblanchard.com)

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

I/we authorize Wilson, Blanchard 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 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 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 OR "CUSTOMER ACCOUNT INFORMATION" FORM FROM YOUR BANK**

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

**ATTENTION**

In conjunction with our continuing efforts to protect the environment Wilson, Blanchard Management delivers all arrears notices by email only – **arrears notices will not be sent by postal mail**. In order to ensure you receive arrears notices, please ensure your email address is clearly included in the Customer Information section when this form is returned to our office. Thank you for helping us to help the environment.

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

Name(s):
Condominium Corporation:
Condo Unit #:
Condo Address:
Condo City & Province:
Condo Postal Code:
Home Phone #:
Mobile Phone #:
Other Phone #:
Email Address:
Mailing Address (if different than above):

**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 OR "CUSTOMER ACCOUNT INFORMATION" FORM FROM YOUR BANK**

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