



PRE-AUTHORIZED PAYMENT FORM - CONDOMINIUM

Please fill in and return this form to Shabri Properties Limited with one of your personal cheques **UNSigned** and **MARKED VOID** (for verification purposes).

Name(s): _____

Condo Address: _____
(STREET ADDRESS)

Mailing Address: _____
(IF DIFFERENT FROM ABOVE)

City: _____ Province: _____ Postal Code: _____

Telephone Numbers

Home: _____ Cell: _____ Work: _____
Area Code & Number Area Code & Number Area Code & Number

AUTHORIZE:

Name of Corporation or Association (i.e., NSCC #, NNCC #, NNVLCC #, NNCECC #, WCC #)

c/o Shabri Properties Limited

P.O. Box 877, 26 Hiscott Street

St. Catharines, ON L2R 6Z4

For the purpose of: **monthly condo fees** commencing _____

TERMS & CONDITIONS OF PRE-AUTHORIZED PAYMENT

- ❖ **The amount withdrawn will be the unit's proportionate share of the current fiscal budget.**
- ❖ I/We authorized the payee to debit my/our account as indicated on the attached "void" cheque under the terms and conditions agreed to by me/us until such time as written notice to the contrary is given. In order to **commence the first Pre-authorized Payment** withdrawal, I/we understand this form must be received by Shabri Properties **two weeks in advance of the** month to **commence this arrangement.**
- ❖ I/We acknowledge that delivery of my/our authorization to the payee constitutes delivery by me/us to the branch of the financial institution at which I/we maintain an account and that such institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods and service exchanged.
- ❖ I/we will notify the payee in writing of any **changes in the account information or termination** of the authorization **at least 2 weeks prior to the first of the following month.**

Items charged under any of the following conditions will be reimbursed subject to written notification by me/us to the branch of account within 90 days.

- ❖ I/we never provided authorization to the payee.
- ❖ The pre-authorized debit was not drawn in accordance with my/our authorization.
- ❖ My/Our authorization was revoked.
- ❖ The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.
- ❖ **THE INFORMATION ON THIS FORM IS ONLY USED FOR THE INTENDED PURPOSE. IT IS CONFIDENTIAL INFORMATION AND WILL NOT BE SHARED. ANY UNAUTHORIZED DISCLOSURE IS STRICTLY PROHIBITED**

PLEASE REMEMBER TO ENCLOSE YOUR VOID CHEQUE

I/We have read and understood the terms of this authorization and that all persons whose signatures are requested on this account have signed this agreement.

Signature

Date

Signature

Date