

# Pre Authorized Debit (PAD) Agreement



*The Peaks of Eagle Ridge*

**Condominium Name:** The Peaks of Eagle Ridge CC# 072 8880  
**Condominium Address:** 136 Sandpiper Road, FMM, AB, T9K 0J7

Please Print Clearly

### Owner Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Details

You, the Payor, authorize The Peaks of Eagle Ridge, CC# 072 8880 to debit the bank account identified above for regular monthly condominium contributions and/or one-time payments from time to time as determined by the Board of the Condominium Corporation of the above address. We, the Payee, The Peak of Eagle Ridge, CC# 072 8880 will provide you, the Payor, 10 days written notice of the amount of each regular debit, unless such notification is waived in the section below. Pre-notification will always be given to you when the regular monthly condominium contributions change and/or in the event of one-time payments. Regular monthly condominium contributions will usually be debited on the first day of the month or on the next business day, however a specific event, such as the start up on the PAD service or a new budget cycle, may cause the debit to occur on a different day.

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)

These services are for:  Personal Use  Business Use

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. A \$40.00 service fee, subject to change without notice, will be charged to your account for any returned PAD withdrawals.

Transit# \_\_\_\_\_ Bank # \_\_\_\_\_ Account # \_\_\_\_\_

### Signature of Account Holder (required)

### Signature of Joint Account Holder (if applicable)

Name: \_\_\_\_\_  
print  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
print  
Date: \_\_\_\_\_

When the form is complete: **Fax, Mail or Email** void cheque and this form to:  
Fax: 780-743-9675,  
Mail: The Peaks of Eagle Ridge, 100-136A Sandpiper Road, Fort McMurray, AB, T9K 0 J7 or  
Email: [peaks.office@gmail.com](mailto:peaks.office@gmail.com)