

PCC 122

PERSONAL & CONFIDENTIAL

AGREEMENT REGISTRATION FORM

PRE-AUTHORIZED DEBIT (PAD) PLAN

To Be Completed by Owner(s)

PLEASE PRINT CLEARLY

Owner Name(s): _____

PCC 122 Unit Number: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number (Home): _____ (Cell): _____

Email address: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(Branch – 5 digits; FI – 3 digits)

Address: _____

City: _____ Province: _____ Postal Code: _____

Date: _____

Authorized Signature(s): _____

Return signed Agreement along with Terms & Conditions to the PCC 122 Office for processing
PAD will take effect on the first (1st) of the month following registration

Peel Condominium Corporation 122 (PCC 122)
91-7080 Copenhagen Rd, Mississauga, ON L5N 2C9
905.812.2903, site.manager@pcc122.com

PCC 122

PERSONAL & CONFIDENTIAL

TERMS & CONDITIONS

PRE-AUTHORIZED DEBIT (PAD) PLAN

I/we authorize Peel Condominium Corporation 122 (PCC 122) to begin deductions as per my/our instructions for monthly regular recurring payments of monthly maintenance fees for PCC 122. Regular monthly payments for the full amount of the monthly maintenance fee will be debited to my/our specified account on the first (1st) day of each month. In addition, any other charges by PCC 122, such as for meeting/party room rental or status certificates, can also be processed. This is a personal service. **I/we agree that PCC 122 will not provide written notice each month.**

This authority is to remain in effect until PCC 122 has received written notification from me/us of its change or termination. This notification must be received by PCC 122 no later than the twentieth (20th) of any given month at the address provided below. Cancellation will take effect on the first (1st) of the following month. 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.payments.ca.

PCC 122 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this PAD 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 can contact my/our financial institution or visit www.payments.ca.

Date: _____

Authorized Signature(s): _____

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