



PRE-AUTHORIZED DEBIT FORM

9008-51 Avenue NW, Edmonton AB, T6E 5X4

Phone 780 760 6197 Fax 780 760 6198

Personal Information

Name(s) _____ Phone _____

Condominium Corporation _____ Unit # _____

Address _____

I/we authorize CS Management Inc., to process a debit in paper, electronic or other form in the amount of \$ _____ from my/our account on a monthly basis beginning on the first banking day of _____, 20_____.

This amount may be increased or decreased at a future date as agreed to in writing by me (us). CS Management Inc., will try to do the best of their abilities to advise me (us) in writing of the revised amount at least 30 days in advance of its (changed amount) effective date.

Please check this box if you would like all outstanding arrears to be withdrawn by pre-authorized debit on the above mentioned date.

Pre-Authorized Debit Agreement

I/we hereby authorize CS Management Inc. to initiate a Pre-Authorized Debit (PAD) (as defined in Canadian Payment Association (CPA) Rule H1) in the amount as indicated on this form. I/we hereby authorize my financial institution to pay and debit my Account on the first banking day of every month. Delivery of this authorization constitutes delivery of it by myself/us and the treatment of each debit should be the same as if the undersigned had personally directed the payment as indicated. I/we acknowledge the Processing Member is not required to verify that a PAD had been issued in accordance with particulars of the authorization. I/we may dispute a PAD by completing and presenting such to the branch of the Processing Member up to and including 10 calendar days for business accounts and up to and including 90 calendar days for personal accounts. Any dispute beyond the allowable times is a matter to be resolved solely between us and CS Management Inc. I/we understand that I/we may cancel this authorization at any time by written notice to CS Management Inc. and that upon receipt CS Management Inc. shall cease withdrawals authorized by this agreement.

Acknowledgement

Yes! I want to join and enclose my "VOID" cheque or Bank Information Form.

I/we acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization.

Signature

Signature

Dated this _____ day of _____, 20_____.