



And Associates Ltd.

Pre-Authorized Debit (PAD) Plan Agreement

I/we authorize the "corporation" and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time for payment of all charges arising. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. The "corporation" will provide 10 days written notice of a change to the regular debit amount. The "corporation" will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the "corporation" has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. 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).

The "corporation" may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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).

The condominium "corporation" number is \_\_\_\_\_

Date: \_\_\_\_\_

Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone No. (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Bank Name/Address: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Bank Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Attached a "Void" cheque and email to [tina@ruslarken.com](mailto:tina@ruslarken.com), fax to 905-332-0997 or mail to Suite 500, 1860 Appleby Line, Burlington, Ontario, L7L 7H7  
905-681-6777