

Brokerage Office: Suite 300, 729 10 Street, Canmore, AB T1W 2A3
Canmore Office Phone: (403) 678 3000
 Fax: (403) 678 0039
Calgary Office Phone: (403) 290 1912
 Fax: (403) 246 7998

PRE-AUTHORIZED DEBIT (ELECTRONIC FUND TRANSFER) AUTHORIZATION FORM

Condominium Name: _____	OCP#: _____
Unit Number: _____	Condominium Address: _____
City: _____	Province: _____
Postal Code: _____	

OWNER INFORMATION		
<input type="checkbox"/> New Owner	<input type="checkbox"/> Change of Bank Account	<input type="checkbox"/> Currently paying by cheque- Set me up on PAD instead
Name: _____		
Address: _____		
City: _____	Prov: _____	Postal Code: _____
Phone No: _____	Email: _____	

ALTERNATIVE PERSON ON PAD (OTHER THAN THE LEGAL OWNER OF THE UNIT)	
Name _____	Telephone: _____
Address: _____	Email: _____

Bank Account Information	Bank Name: _____	Phone: _____
<p>A VOID CHEQUE MUST BE ATTACHED</p> <p>Or</p> <p>A PERSONAL AUTHORIZED DEBIT (PAD) FORM</p> <p>The PAD form must contain the bank transit, institution, and account numbers.</p>		
Payment Start Date: _____ (first day of the month)		
Please note the payment start date shall authorize all condo fees from the payment start date to the current month		

For properties in Canmore and Banff please mail, fax, or email to our Canmore Office. Email: reception@assetwest.com
 For properties in Calgary and Cochrane please mail, fax, or email to our Calgary Office. Email: receptioncalgary@assetwest.com

I/We the applicant(s) authorize my/our above-named bank to debit my/our account for the regular monthly rental and/or one-time payments as determined from time to time. Payments are due the first (1st) day of every month as payment for the rent due on the unit noted above.

I/We acknowledge the right for Asset West Property Management Ltd. to cancel my/our participation in the payment plan if any payments are not honored by the participant(s) bank, and there will be a \$75.00 Service Charge for each payment denial (regardless of reason).

I/We acknowledge that if this fee should change at any time, the direct debit will also change accordingly. Asset West Property Management Ltd. will advise the participant(s) or the revised amount as per the Residential Tenancies Act of the Province of Alberta.

I/We acknowledge that should/my/our account or financial institution change that i/we will advise Asset West Property Management Ltd. in writing of the changes at least fourteen (14) days before payment is due.

Your treatment of each payment shall be the same as if I/we have personally issued a cheque authorizing you to debit indicated the amount specified to my/our account.

I/We acknowledge that all arrears will be collected as they become outstanding, including any and all late/NSF/stop payment charges.

This authorization may be cancelled at any time upon written notice to Asset West Property Management Ltd., with a minimum fourteen (14) days advance notice.

Any delivery of this authorization to Asset West Property Management Ltd. Constitutes delivery by me/us.
 You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.