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PRE-AUTHORIZED DEBIT (ELECTRONIC FUND TRANSFER) AUTHORIZATION FORM

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

OWNER INFORMATION:
 New Owner Change of Bank Account 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: _____
A VOID CHEQUE MUST BE ATTACHED
Or
A PERSONAL AUTHORIZED DEBIT (PAD) FORM
 The PAD form must contain the bank transit, institution, and account numbers.
 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 condominium contribution 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 condominium contribution due on the unit noted above.

I/We acknowledge that if a contribution or required payment changes at any time, the direct debit will also change accordingly. Asset West Property Management Ltd. will advise the participant(s) of the revised amount as per the Condominium Property Act of the Province of Alberta.

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 and/or when/my/our account or financial institution changes 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.