Guardian Property Management Services Ltd.

204-209 Dundas St. E., Whitby, ON L1N 7H8
Phone: (905) 427-8535 - Fax: (905) 427-9251
Email: guardian@gpms.ca Web: www.gpms.ca

Application for PRE-AUTHORIZED PAYMENT PLAN

Owner(s) Name(s) _____

Owner(s) Address: _____

Condominium Address *(if different)* _____ Unit Number:

Effective Date of Withdrawal: **1st of the Month Effective:** _____

I hereby authorize : _____ **(enter condominium name & number)**

AND the corporation's managing agents **Guardian Property Management Services Ltd** to initiate automatic withdrawals from my account at the financial institution named below. Further, I agree not to hold **Guardian Property Management Services Ltd.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. Please allow 14 days for the processing of new pre-authorized payment requests or changes to existing pre-authorization plans to take effect.

This agreement will remain in effect until **Guardian Property Management Services Ltd.** receives a written notice of cancellation or change of information form from me or my financial institution.

Name of Financial Institution: _____

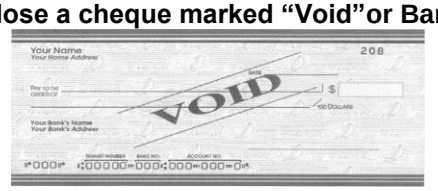
Transit Number: _____

Account Number: _____ Institution Number:

Authorized Signature (Primary): **X** _____ **Date:** **X** _____

Authorized Signature (Joint): _____ **Date:** _____

Attach or Enclose a cheque marked "Void"or Bank Debit Form



IMPORTANT: For an account, all depositors must sign if more than one signature is required on a cheque issued against the account holder.

See Terms and Conditions on Page 2

Terms and Conditions

1. The undersigned owner(s) authorize the Payee and the Payee's Agent and the financial institution designated (or any other financial institution I/we may authorize at any time) on the Payee's behalf to debit the above account at the above indicated branch of the Bank, **in payment of the bi-monthly water and sewer charges as billed on the due date as stated on the water and sewer bill** as may be approved by the Payee from time to time and attributed to the above signed owner(s) .

2. A debit in the amount of your current budgeted common element fee will be drawn on the account, on the 1st day of each month beginning the month as stated on the application as a separate transaction from your common element amount if you are paying your common element fee using the Pre-authorized Payment process.

3. It is acknowledged and agreed by the undersigned that if there are insufficient funds on deposit in the account at the time that the debit is made by or on behalf of the Payee, the insufficiency shall be deemed by the Payee to be non-payment of the common charges for that particular month. In addition, the undersigned acknowledges and agrees that if any service fee or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be paid by the undersigned.

4. The Bank is not required to verify that any debits drawn by or on behalf of the Payee are in accordance with this Authorization or the agreement made between the undersigned and the Payee.

5. It is acknowledged that in order to cancel this Authorization or make any changes to this authorization, the undersigned must provide **14 days** prior written notice to the Payee in care of the Payee's agent. This authorization may be cancelled at any time and cancellation will be effective 14 days after such written notice of cancellation or change is actually received by the Payee's agent.

6. The right is acknowledged by the undersigned, to full reimbursement of a pre-authorized debit made to the account by the Bank, if the right exercised within 90 days after the item in dispute is posted to the account and any of the following conditions apply: (a) the Payee was never provided with an Authorization, (b) the debit was drawn in accordance with the Authorization that was provided to the Payee, (c) the Authorization that was provided to the Payee was revoked in writing or, (d) the debit was posted to the wrong account due to the incorrect account information.

7. It is acknowledged by the undersigned that delivery of this Authorization to the Payee constitutes delivery by the undersigned to the Bank. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned of a copy of this Authorization.

8. 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

IMPORTANT: For an account, all depositors must sign if more than one signature is required on a cheque issued against the account holder.