

ICON PROPERTY MANAGEMENT TSCC 2300, Management Office 365 Evans Avenue, Suite 601, Etobicoke, ON, M8Z 1K2 T: (416) 236-7979 F: (416) 236-7977	For Office Use Only	
	TSCC 2300	Unit No. : _____
	Start Date _____	
	Fee \$ _____	Adjustments \$ _____

PRE-AUTHORIZED PAYMENT PLAN AGREEMENT

Authorization to Draw and Issue Cheques for Monthly Payments

I/WE the undersigned hereby authorize TORONTO STANDARD CONDOMINIUM CORPORATION NO.2300 to draw and issue cheques, payable to the Corporation for payment of all monthly installments for Condominium Common Expense payments for _____ **(Unit Only)** which becomes due on the first day of each month.

BANKING INFORMATION

TYPE OF ACCOUNT:	
BRANCH TRANSIT NO.:	
ACCOUNT NO.:	

I/We hereby authorize _____ to pay and debit my/our account noted herein.
 (Name of Bank)

Accordingly, all cheques drawn on said account by the Corporation on my/our behalf and payable to the Corporation. The treatment of any such cheque shall be the same as if I/we had personally signed and issued the same cheque, authorizing you to pay as indicated and to debit the amount specific to my/our account. Any delivery of this authorization to you constitutes delivery by me/us.

SIGNED AT: _____ **THIS** _____ **DAY OF** _____ **20**_____

SIGNATURE	SIGNATURE

PRINT NAME	PRINT NAME

MAILING ADDRESS:			
TELEPHONE NO.:		TELEPHONE NO.:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

All depositors must sign if more than one signature is required on the cheques issued against the account.

Please mail, fax, or deliver this form and a void cheque to:

ICON PROPERTY MANAGEMENT LTD.

Management Office, 365 Evans Ave. Suite 601, Etobicoke, Ontario M8Z 1K2

Fax No: (416) 236-7977

Thirty days advance notification is required to cancel the pre-authorized payment plan.

**REMEMBER TO ATTACH A BLANK "VOID" CHEQUE
 PLEASE READ THE TERMS AND CONDITIONS ON THE REVERSE**

PRE-AUTHORIZED PAYMENTS - TERMS AND CONDITIONS

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and consideration of (Processing Institution) agreeing to process debits against my/our account in accordance with the Rules of the Canadian Payments Association".

"I(We) warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed this Agreement".

"I(We) hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the PAP) drawn on the Account, for the following purpose": **Payment of Monthly Common Element Fees Due on the First of Each Month.**

"I(We) may cancel the Authorization at any time upon providing written notice to the Payee".

"I(We) acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us".

"I(We) undertake to inform (Name of Payee) in writing of any change in the account information provided this authorization prior to the next due date of the PAP".

"I(We) acknowledge that the (Processing Institution) is not required to verify that a PAP has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to the amount".

"I(We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment which the PAP was issued has been fulfilled by the (Name of Payee) as a condition to honouring a PAP issued or caused to be issued by (Name of Payee) on (Name of Payor) account".

"Revocation of this Authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged".

"I may revoke my authorization at any time, subject to providing notice of (Payee to insert period- not to exceed 30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit <http://www.payments.ca>

"A PAP may be disputed by a Payor under the following conditions:

1. the PAP was not drawn in accordance with the Payor's Authorization; or
2. the Authorization was revoked; or
3. Pre-notification was not received."

"You [or I/We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you [I/we] 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 [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit www.cdnpay.ca"

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's Account up to and including 90 calendar days in the case of a personal household PAP (or up to and including 10 business days in the case of a business PAP). After the date on which the PAP in dispute was posted to the Payor's Account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAP after (90 calendar days in the case of a personal/household PAP or 10 business days in the case of a business PAP.