AUTHORIZATION TO DEBIT AN ACCOUNT
UNDER THE PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Property Address : _____
c/o Cannon Greco Management Limited

Name: _____

Address: _____ **Unit #** _____

City: _____ **Province:** _____ **Postal Code:** _____

Date: _____ **Telephone:** _____

Signature: _____
(as it appears on your cheques)

The undersigned authorizes Cannon Greco Management Limited (hereinafter called the "Payee") to issue on his/her behalf any cheque, payment order or request drawn on the financial institution named below to the order of the Payee, in payment of the amounts owing to the Payee under the terms of the present agreement and future contracts between the Payee and the undersigned.

Institution Name: _____

Branch Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Account Information: _____ **0**_____ _____
Transit Number **Bank Number** **Account Number**

This service is for personal use (common element fees).
The above-named institution is hereby authorized to pay and to debit to account described above any cheque, payment order or request whatsoever, payable to the Payee and drawn on said account by a bank acting in the name of the Payee. The amount authorized by this Monthly transaction is _____. Any cheque, payment order or request whatsoever thus drawn by the Payee's bank shall be considered as having been signed by the undersigned.

If a payment is not honored by your bank, Cannon Greco Management may reserve the right to withdraw all outstanding funds with the next scheduled preauthorized payment with notice.

For the purposes of this authorization, the word "cheque" shall be deemed to include any payment order drawn on an institution other than a bank. Furthermore if this authorization is signed by more than one person, the singular shall be interpreted as a plural wherever it occurs.

This authorization can be revoked at any time by written notification to the Payee at the address below, subject to providing notice of 30 days. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

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 financial institution or visit www.cdnpay.ca.

Should you move your account from one bank or branch to another advise Cannon Greco Management of the change and we will arrange a new agreement with you so payments can continue uninterrupted.

Please attach a sample of a cheque marked "VOID" from the above mentioned institution.

Cannon Greco Management Limited
50 William Street
St. Catharines, ON L2R 5J2
Phone: 905-687-6933