

**Pre-Authorized Debits (PADs)
Payor's PAD Agreement**

Village Property Management London Inc.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below and attach a Void Cheque.

I/we authorize Village Property Management Inc., on behalf of _____, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of condo fees/parking fees under my/our account. Regular monthly payments for the full amount of condo fees/parking fees will be debited to my our specified account on the 1st day of each month. Village Property Management Inc. will provide 10 days written notice before the first regular debit withdrawl. Village Property Management Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Village Property Management Inc., has received written notification from me/ us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Village Property Management Inc., may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.

PLEASE PRINT

DATE: _____

Name(s): _____ **Unit #** _____ **c/o VPMInc.**

Condominium Corporation # _____ **Type of Service:** Personal _____ Business _____

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ **FI Transit Number:** _____ - _____
(branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Authorized Signature(s): _____

Village Property Management London Inc.
Attention: Customer Billing Department
141 Wortley Road. Unit #5, London, ON N6C 3P4
Tel: (519) 439 - 2227 | Fax: (519) 439 - 4285
E-mail: tina@vpmlondon.com