



PAYOR INFORMATION

Please complete in full and return this form to HighPoint Property Management Corporation. It is essential that you attach a VOID cheque from your bank account to ensure the accuracy of the institution, transit and bank account numbers.

NAME OF OWNER: _____

COMPLETE MAILING ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE #: _____ ALTERNATIVE TELEPHONE #: _____

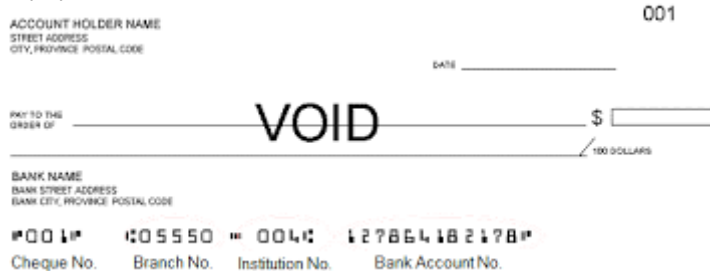
EMAIL ADDRESS: _____

I/We hereby authorize HighPoint Property Management Corporation on behalf of the Corporation to debit my/our account for Personal Business (select one) monthly common expenses (including unit fees, if applicable) as of the 1st day of _____, 20__ amounting to \$_____ per month, or as may be increased by proper notice by the Corporation. Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the Corporation to debit the amount specified from my/our account. The authorization shall remain in effect until cancelled by me/us in writing 7 days prior to the next PAD being issued. To obtain a sample cancellation form or more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca. I/We further understand that any payments not honoured by my/our bank may be assessed processing fee of \$50.00 in addition to any additional fees levied by my/our bank or the Corporation's Declaration, By-laws and policies. The processing fee is subject to change without further notice. A minimum of two business days should be allowed for processing payments by the bank.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.payments.ca.

ARREARS: Please authorize the following arrears that you also wish to clear on the first processing date: \$ _____.

I/We direct the above-referenced payments be taken from the account as detailed on the attached void cheque.



Forms must be submitted no later than the 25th day of the preceding month. (For example, if you would like payments to start of November 1st, your form would have to be received in our office by October 25th).

I/We have authority under the terms of my/our account agreement with my/our financial institution to debit the above account.

Print Name Signature Date

Print Name Signature Date

Please note that for joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account. If signing on behalf of a corporation, please affix corporate seal or attach resolution of signing authority.