



Payor's Pre-Authorized Debit (PAD) Agreement

1 - Customer Information (Payor)

Name on the Account:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

2 - Bank Account Information

Account Number:

Bank Transit Number:

Financial Institution Number:

Chequing Account

Savings Account

Financial Institution Name:

Financial Institution Branch Address:

3 - Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **Equium Group** to debit the bank account identified above for regular Home Owner's Association Fees and/or one-time payments from time to time as determined by **Equium Group**. These one-time payments include, but are not limited to, any late condo fees and/or late rent fees and/or dishonored cheque fees.

You, the Payor, may revoke your authorization at any time subject to providing **Equium Group** a minimum of 5 business days written notice. 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.

These services are for: Personal use Business use

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name:

Date:

Name:

Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, please email, mail or fax to:

Equium Group, Suite 850, 639 5th Ave SW, Calgary, Alberta, T2P0M9 Tel: (403) 265-4431 Fax: (403) 240-0118 • Email: contact@equium.ca

PLEASE ATTACH VOID CHEQUE ON THE ACCOUNT TO BE DEBITED