

**AUTOMATIC PAYMENT WITHDRAW APPLICATION
PAYOR'S AUTHORIZATION**



PAYOR: _____ Suite: _____ Address: _____

City and Province: _____ Telephone No: _____ Property Name: _____

Mailing Address (if different than above): _____

The undersigned (the "Payor"), jointly and severally if more than one, agrees with Mayfield Management Group Ltd., (the 'Payee'), and the financial institution designated: The Payor acknowledges that this Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account in accordance with the rules of the Canadian Payments Association.

1. The Payee and the Processing Institution are authorized to draw on the financial institution designated issuing debits, in paper, electronic or other form for the purpose of: Condominium Fees or Rental Payments or other agreed fees.

(a) in the amount of \$ _____, may be drawn, monthly on the Account beginning the 1st day of, _____, plus all outstanding account balances / arrears at the time the debit commences. _____ (MONTH)
(YEAR)

(b) which amount may be increased/decreased at any future date and/or which payment date may be changed at any future date in accordance with any agreement in writing between the Payor and Payee.

(c) The Payee will, to the best of its ability, forward a statement of account in support of the debits or payment dates that vary from the authorized amount or date, to the Payor, at least 10 days in advance of the payment date as pre-notification.

2. The Payor represents, acknowledges and agrees that:

(a) Execution and delivery of the Authorization to the Payee constitutes delivery by the Payor to the Processing Institution;

(b) The debits herein authorized are (check one):

personal/household related
 business related

(c) The Processing Institution is not required to verify that the debits herein authorized have been issued in accordance with the particulars of this Authorization, including the amount and frequency of payments;

(d) The Processing Institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by the Payee as a condition to honoring a debit issued or caused to be issued by the Payee on the Account;

(e) All persons whose signatures are required to sign on the Account have signed this Authorization.

3. This Authorization may be cancelled by the Payor at any time, by notice in writing signed by the Payor and delivered to the Payee at its above address but revocation of this Authorization shall not terminate any contract for goods or services that exist between the Payor and Payee. To obtain a sample cancellation form, or for more information on you right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

4. The Payor undertakes to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of an authorized debit at least 10 business days in advance to said debit.

5. (a) The Payor may dispute a debit under the following conditions:

(i) the debit was not drawn in accordance with this Authorization; or

(ii) the Payor had revoked this Authorization prior to issue of the debit; or

(iii) the Payor did not receive pre-notification as set out in clause 1. (c) and clause 6. of this Authorization In order to be reimbursed, the Payor must file a declaration to the effect that either (i), (ii), or (iii) occurred and presents such declaration to the Processing Institution up to and including 90 calendar days in the case of a personal/household related debit, or up to and including 10 business days in the case of a business related debit, after the date the debit in dispute was posted to the Account. Any debit disputed after 90 calendar days in the case of a personal/household related debit or after 10 business days in the case of a business related debit will not be reimbursed by the Processing Institution but shall be resolved sole between the Payor and the Payee.

(iv) the Payor has certain rights if any debit does not comply with this agreement. For example, you have the right to received reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

(b) The Payor may dispute a debit under the following condition:

(i) an authorization in respect of the debit was never provided to the Payee

6. In order to be reimbursed, the Payor must file a declaration to the effect that 5(b) (i) occurred, and present such declaration up to and including 90 calendar days in the case of a business related debit, after the "period ending" date of the statement of Account that shows the debit in dispute.

Any debit disputed after 90 calendar days in the case of a personal/household related debit or after 30 calendar days in the case of a business related debit will not be reimbursed by the Processing Institution but shall be resolved solely between the Payor and Payee.

NOTE: ALL RETURNED PAYMENTS DUE TO INSUFFICIENT FUNDS ARE SUBJECT TO A \$50.00 FEE

DATED at _____, Alberta this _____ day of _____, 20_____
(City)

Print Name

Print Name

Signature of Account Holder

Signature of Account Holder

ATTACH A VOID CHEQUE

OR

PAYOR'S FINANCIAL INSTITUTION ACCOUNT VERIFICATION

Submit to: Mayfield Management Group Ltd.
15624 – 116 Avenue Edmonton, AB T5M 3S5 Phone (780) 451-5192 Fax (780) 451-5194