

## 1. Customer Information (Please complete form digitally, if possible.)

Name:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

Email:

## 2. Pre-Authorized Debit (PAD) Details

I/we authorize the Owners Association of Harmony, 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 all charges arising under my/our Owners Association of Harmony account.

Regular monthly payments for the Owners Association of Harmony dues will be debited to my specified account on the 1st day of each month.

Owners Association of Harmony will provide 15 days' written notice upon change of the monthly recurring amount.

Owners Association of Harmony will obtain my authorization for any other one-time or sporadic debits.

Owners Association of Harmony may send me/us electronic notifications, invoices, or electronic communications as relating to my/our account.

This authority is to remain in effect until the Owners Association of Harmony has received written notification for me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the e-mail provided below.

Owners Association of Harmony 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. 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](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name:  
(Please print)

Name:  
(Please print)

Date:

Date:

## 3. Bank Information

10-Digit Bank Account Number:

5-Digit Branch Transit:

3-Digit Financial Institution Number:

Chequing Account

Savings Account

Financial Institution:

Name:

Branch Address:

FOR INTERNAL USE ONLY:

4-Digit Fee Account # (Sage):

Sage Monthly Debit Base:

Sage/RBC Monthly Debit Total:

**When this form is complete, please email with a copy of a VOID CHEQUE to:**

**Owners Association of Harmony**

**E-mail: [admin@harmonyowners.com](mailto:admin@harmonyowners.com)**