

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

**Neighbourhood Property Management Inc.**

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below and  
Attach Void Cheque**

I/we authorize Neighbourhood 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. Neighbourhood Property Management Inc. will provide 10 days written notice before the first regular debit withdrawl. Neighbourhood Property Management Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Neighbourhood 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](http://www.cdnpay.ca).

Neighbourhood 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](http://www.cdnpay.ca)

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_ Unit # \_\_\_\_\_ c/o NPM Inc.

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): \_\_\_\_\_

Neighbourhood Property Management Inc.  
Attention: Customer Billing Department  
110 Holcroft Street West  
Ingersoll, Ontario N5C 2B8  
Tel: (519) 485-1594  
E-mail: [npm@rogers.com](mailto:npm@rogers.com)