



Pre-Authorized Debit

I/we authorize Prairie Management & Realty Inc., 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 all charges arising under my/our Condominium Contributions account. Regular monthly payments will be debited to my / our specified account on or about the 1st day of each month. Payment amounts are determined annually by the Board of Directors of the Condominium and are subject to change. Prairie Management & Realty Inc. will obtain my/our authorization for any other one-time or sporadic debits. **Please attach a VOID cheque.** NSF debits will result in us debiting your account again on or about the 15th of the month. For all NSF's there will be a \$25.00 charge.

This authority is to remain in effect until Prairie Management & Realty Inc. has received written notification from me / us of its change or termination. This notification must be received at least twenty five (25) 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.

Prairie Management & Realty Inc., may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without further notice given 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.

PLEASE PRINT

Address Pre-Authorized Debit Applies to _____

Your name(s) _____

Address (if different from above) _____

City/Town _____ Province _____ Postal Code _____

Phone Numbers (Business or Cell) _____ (Residential) _____

E-mail address _____

IF YOU ARE NOT ENCLOSING A VOID CHEQUE, please complete the following 3 lines

Financial Institution (FI): _____ Type of Account: Personal _____ Business _____
(FI - 3 digits)

FI Transit Number _____ FI Account Number _____ - _____
(Branch -5 digits)

FI Address _____ City/Town _____ Province _____ Postal Code _____

Authorized Signature(s)

_____ Date _____

Prairie Management & Realty Fax: (403) 995-2870

Email: admin@prairiemanagement.ca

Mail: Box 130, Okotoks, AB T1S 1A4