



PREAUTHORIZED PAYMENT PLAN (PAP)

No more cheques to write (or forget) each month. No letters to mail. No mistakes. No missed payments. The Preauthorized Payment Plan (PAP) is simple, convenient, saves you time and money. Just complete the lower portion of this authorization form and return with a void cheque to **Benchmark Management Ltd.**

SIMPLE & CONVENIENT

This plan takes care of all the routine for you and you can cancel at any time, simply by notifying Benchmark Management Ltd. On the date of your next payment, we will arrange to collect the money from your financial institution. You don't need a special account – any Canadian account on which you write cheques will do. **Don't forget to include a void cheque.**

AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE PREAUTHORIZED PAYMENT PLAN

I (we) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I (we) warrant and guarantee that all persons whose signatures are required to sign on this document have signed the agreement below.

I (we) hereby authorize the Payee or the Payee's agent identified below to draw on my (our) account number with my (our) financial institution, for the purposes: **Condominium/HOA Contribution Payments.**

This authorization may be canceled any time upon notice by me (us). I (we) acknowledge that, in order to revoke this authorization, I (we) must provide notice or revocation to the Payee or the Payee's agent. I (we) acknowledge provision and delivery of this authorization to the Payee constitutes delivery by me (we) to my (our) financial institution. Any delivery of this authorization to you constitutes delivery to me (us).

I (we) acknowledge that, in order to be reimbursed, a declaration to the effect that an error took place, must be completed and presented to the branch of (our) financial institution either up to and including 90 calendar days in the case of a "personal/household" preauthorized debit, after the date on which the payment in dispute was posted to my (our) account.

I (we) acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any reason, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any preauthorized debit after 90 days in the case of a "personal/household" preauthorized debit.

I (we) understand and accept this preauthorized debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in the Payor's Authorization may not be disclosed to the Payee's financial institution, to the extent that such disclosure is directly to and necessary for the proper application of Rule H4 of the Canadian Payments Association.

I (we) understand that the information provided shall not be disclosed to a third party and will only be used for the intended purpose as per the Personal Information Protection Act.

PLEASE ATTACH A **VOID CHEQUE** FROM YOUR FINANCIAL INSTITUTION

Payee: _____
(Condominium Corporation Property/HOA Name)

Unit #: _____ Bldg # (if applicable): _____

Signature: _____ Date: _____