

CONDOMINIUM FEE PAD AUTHORIZATION FORM (Leave blank if not a condo unit)

SECTION 1: CONDOMINIUM DETAILS

- Condominium Name: _____
 - Unit Address: _____
 - Unit Number: _____
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SECTION 2: OWNER/RESIDENT INFORMATION

- Name(s): _____
 - Phone Number: _____
 - Email Address: _____
-

SECTION 3: BANKING INFORMATION

Please attach a void cheque or complete the following information:

- Bank Name: _____
 - Branch Address: _____
 - Transit Number: _____
 - Institution Number: _____
 - Account Number: _____
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SECTION 4: PAYMENT DETAILS

- Authorized Amount: \$
 - Payment Frequency:
 - Monthly
 - Quarterly
 - Annually
 - Payment Start Date:
-

Please see Page 2 for more details

SECTION 5: TERMS AND CONDITIONS

By signing this form, I/we authorize Prospect Property Management to debit my/our bank account indicated above for the purpose of condominium fee payments. I/we agree to notify Prospect Property Management in writing of any changes to my/our banking information or termination of this agreement, at least 10 business days prior to the next scheduled payment.

This authorization is to remain in effect until Prospect Property Management has received written notification of its termination or all obligations under this agreement have been fulfilled.

SECTION 6: SIGNATURE(S)

- Signature(s): _____
- Date: _____

Note: For joint accounts, all account holders must sign.

OFFICE USE ONLY

Date Received: _____

Processed By: _____