

Pre-Authorized Payment (PAP) Authorization - Condo

Confidential when complete.



Please complete the information requested below and email, mail or fax the completed form and void cheque to:

TAG Management

Fax: 905-333-0613

1-5510 Mainway Burlington, Ontario, L7L 6C4

Email: mail@tagmanagement.ca

Your TAG Management Account Information

Name _____ Condo Corporation # _____

Address _____ Telephone # _____

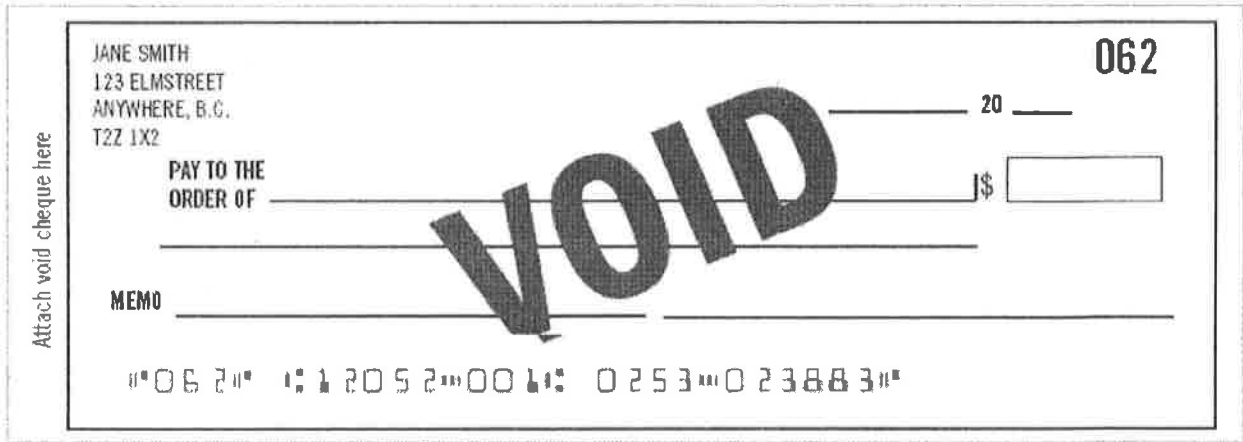
City _____ Postal Code _____ Email address _____

Start Date _____

Your Banking Information

Account Type: Personal Business

Attach void cheque or enter banking account information below



Name of Bank or Financial Institution _____

Bank Number [][][][][]

Bank Account Number [][][][][][][][][][][][][][][]

5 Digit Transit Number [][][][][]

TERMS AND CONDITIONS

1. I/We hereby authorize TAG MANAGEMENT and/or the Condominium Corporation and the Financial Institution to debit my bank account to make payment of all charges arising under TAG MANAGEMENT and/or the Condominium Corporation account.
2. I/We understand that payments may be drawn on a Canadian dollar bank account only. Credit Card Cheques and Line of Credit Accounts are not accepted.
3. I/We agree that this authorization: (i) is for use by TAG MANAGEMENT and/or the Condominium Corporation and for my/our Financial Institution to debit my/our bank account for the purpose of paying my/our TAG MANAGEMENT and/or the Condominium Corporation account monthly invoices; (ii) requires ten (10) days' notice (prior to the next scheduled debit) to start, stop, or amend PAP amounts. Late notice cancellations are subject to a \$25.00 administration fee.
4. A monthly service charge of one (\$1.00) dollar will be added to each PAP payment for this service. The \$1.00 service charge is a process fee only - It does not form part of the monthly common element fees.
5. I/We have certain recourse rights if any debit does not comply with this PAP Agreement. For example, I/we the right to receive reimbursement for any debit not authorized or not consistent with this PAP Agreement. To obtain more information on my/our recourse rights, please contact your Financial Institution.
6. A forty-five (\$45.00) dollar NSF fee applies to all payments returned by your financial institution for any reason.
7. Withdrawals occur on the first banking day of each month.

I, the undersigned, have read, understood, and agree to the terms and conditions of this agreement.

Customer Signature (required): _____ Date _____

**Halton Standard Condominium Corporation No. 669
Personal Data Sheet**

TAG MANAGEMENT complies with the Privacy Information Act effective January 1, 2004 (PIPEDA). The information below is to update or confirm details on record and to allow for the distribution of notices to residents about upcoming meetings or other distribution of information required under the Condominium Act. The information listed below is part of the Corporation's public records including phone numbers unless you indicate *unlisted*. TAG MANAGEMENT does not provide any of the information listed herein to any marketing services.

No one likes to have his or her names spelled incorrectly. We will try not to make that mistake. Would you please print your first name, initials and last name.

MR. MRS. _____ MISS MS. _____
MISS or MS _____ MR. or MRS. _____

ADDRESS: _____ UNIT NO. _____

NAME OF REGISTERED OWNER AT LAND TITLES IF DIFFERENT FROM ABOVE:

LAWYER'S NAME & NUMBER: _____

MORTGAGE COMPANY: _____ ADDRESS: _____

There may be an occasion when an emergency may arise and we must contact you. Please provide your phone numbers below and indicate if they are unlisted. Please circle if your phone numbers are unlisted and you do not want them in the public records of the Condominium Corporation.

HOME: () _____ LISTED/UNLISTED WORK: () _____ EXT. _____

CELL: () _____ LISTED/UNLISTED EMERGENCY CONTACT: () _____

I would like to receive notices by e-mail initial () E-MAIL: _____

VEHICLE DESCRIPTION: _____
(colour, make)

VEHICLE LICENSE PLATE No./No's.: _____

PARKING SPACE #: _____ LOCKER #: _____ PETS: _____

IF YOU DO NOT LIVE IN THE UNIT YOU OWN PLEASE PROVIDE YOUR MAILING ADDRESS

LANDLORDS: (IF APPLICABLE) Please contact our office to obtain a "Leasing Covenant" for your tenants.

ALL TENANTS' NAMES & PHONE #'S: _____

VEHICLE DESCRIPTION: _____
(colour, make)

VEHICLE LICENSE PLATE No./No's.: _____

TAG MANAGEMENT
1-5510 Mainway, Burlington, ON L7L 6C4
Phone: 905-333-5506 Fax: 905-333-0613
Email: mail@tagmanagement.ca
www.tagmanagement.ca