



CHOWN PROPERTY MANAGEMENT INC.



Pre-Authorized Payment Agreement Form

Provide this form, along with a **cheque marked VOID**, to admin@chownmanagement.ca or fax 905-685-0410 or delivery to Chown Property Management Inc. 13 Raymond Street, St. Catharines, ON, L2R 2T1.

Please allow 5 business days, prior to the first of the month, for the automatic debit to be set up.

Owner Name: _____

Property Address: _____

Unit Number: _____

Corporation: _____ Condominium Corporation No. _____
(ex. Niagara North or Niagara South)

Owners Email: _____

Owners Home or Primary Phone: _____

Name of Financial Institution: _____

Branch Address: _____

Bank Number & Transit Number

Chequing or Savings Account Number

_____ - _____

I/we authorize Chown Property Management Inc. to debit my/our financial institution account at the beginning of each month for recurring monthly Condominium or Association common fees, and if applicable associated parking and locker rent, periodic assessments permitted by the Condominium Act of Ontario after having received 10 days advance notice of any such assessment, and charges for payments returned due to non sufficient funds. This authorization may be cancelled by providing written notice to Chown Property Management Inc., allowing reasonable time for processing, prior to the first of the following month.

Please note that you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Begin the automatic debit on the 1st day of (indicate the month): _____

Authorized signature(s): _____ Dated: _____

website: www.chownmanagement.ca