

Payor Authorization

TO: Halifax County Condominium Corporation #130 - ("Summer Gardens")
(To Direct Debit an Account)

Account Holder (the "Customer")

Full Legal Name

Exact Name in which Account is Held

Address

Telephone Number

City

Province

Postal Code

Financial Institution (the "Bank")

Name

Address

City

Province

Postal Code

Account No.

Branch No.

Institution No.

1. Purpose of Debits

Personal/Household PAD

Business PAD

2. Pre Notification of Amounts

For fixed amounts the Company will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.

3. Rights of Dispute

The Customer may dispute a debit under the following conditions: (i) the debit was not drawn in accordance with this Authorization; (ii) this Authorization was revoked or cancelled; or (iii) prenotification (as set out in paragraph 2 above) was not received.

In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Bank up to and including: (i) 90 calendar days (in the case of a *Personal/Household* debit), or (ii) 10 calendar days (in the case of a *Business* debit), after the date on which the debt in dispute was posted to the Customer's account.

The Customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Company and Customer.

4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit the above account in the amount of \$ _____ on the 1st day of each month for payments payable to the Company in respect of Condominium Fees.

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the Company.

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Company at least ten (10) days before the due date of the next PAD. This Authorization may be cancelled at any time upon written notice by the Customer to the Company. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Company are ended.

The Customer will notify the Company promptly in writing if there is any change in the above account information at least ten (10) days prior to the next due date of the PAD.

Any delivery of this authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges receipt of a signed copy of this Authorization.

The Customer acknowledges that this authorization is provided for the benefit of the Company and any bank/financial institution is provided in consideration of bank/financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

Signature(s) or Authorized Signature(s) of Account Holder(s)

Date

Signature(s) or Authorized Signature(s) of Account Holder(s)

Date

***** For verification, please attach a blank cheque marked "VOID" to the completed Authorization*****