

**AUTHORIZATION FORM FOR PREAUTHORIZED PAYMENT PLAN  
FOR COMMON ELEMENT EXPENSES (EFT FORM)**

***Please complete, sign, print and return this form, together with an unsigned cheque marked VOID from the bank account to the used. Leave it for the Management Office at the Concierge Desk.***

**To: Toronto Standard Condominium Corporation (T.S.C.C. 1525)**

The undersigned hereby authorizes the Condominium Corporation (as payee) to debit the account detailed below, as confirmed by the attached "VOID" cheque (the Account), either in paper, electronically, or by any other form or means, for the sole purpose of paying the Common Element fees hereinafter owing to the Condominium Corporation and relating and attributable to the following unit, namely:

**Suite \_\_\_\_\_, 8 Park Road, Toronto, Ontario M4W 3S5**

Presently amounting to \$ \_\_\_\_\_ per month, payable on the 1<sup>st</sup> day of each month, beginning with \_\_\_\_\_, 20\_\_ which total monthly common expenses figure (and corresponding monthly debit from the account) shall hereinafter be varied in order to reflect changes in the annual budgets of the Condominium Corporation, as approved by the Condominium Corporation's Board of Directors from time to time. The undersigned expressly authorizes to increase or decrease the monthly debits from the account in order to reflect all changes to the total monthly common expenses attributable to the above noted unit.

**Details of Account**

**Account No. \_\_\_\_\_ Institution No. \_\_\_\_\_ Transit No. \_\_\_\_\_**

**Name of Bank \_\_\_\_\_**

**Branch Address \_\_\_\_\_**

*For joint accounts, all account holders must sign if more than one signature is required on cheques issues or drawn against the account.*

The undersigned expressly acknowledge(s) and agree(s) that:

- (a) the delivery of this authorization to the Condominium Corporation constitutes delivery by the undersigned to the branch of the financial institution at which the Account is maintained, and that such financial institution is not required to verify that any of the payments or debits are drawn or made in accordance with this Authorization.
- (b) The undersigned will notify the Condominium Corporation in writing forthwith following any changes in the Account information; and
- (c) This authorization shall continue to be effective unless and until cancelled or revoked by the undersigned upon written notification at least fifteen (15) days prior to the next due date of any pre-authorized debit.

**The undersigned expressly acknowledges and confirms having read and understood all of the forgoing terms and conditions.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Name of Account Holder**

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Name of Account Holder**

\_\_\_\_\_  
**Signature of Account Holder**

**IMPORTANT – PLEASE ATTACHED A CHEQUE MARKED "VOID" TO THIS APPLICATION**