



...YOUR CONDOMINIUM MANAGEMENT SPECIALISTS

Dear Homeowner:

RE: OWNER INFORMATION

Please be advised in order to maintain our records accurately as well as provide quality service we request the following information is completed and returned to our office.

<p>Name(s): _____</p> <p>Mailing Address: _____</p> <p>Home Telephone: _____ Cell Phone: _____</p> <p>Work Telephone: _____ Fax: _____</p> <p>Email: _____ @ _____</p> <p>Emergency Contact: _____</p> <p>Relationship to you: _____ Telephone: _____</p> <p>Do you have tenant(s) or anticipate having tenant(s)?: _____</p> <p><small>PLEASE NOTE: In accordance with the Information Privacy Act the above information is kept confidential.</small></p>
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Thank you for your assistance in this regard.

Yours truly,
TMA Management

Leah Taylor
Office Coordinator



...YOUR CONDOMINIUM MANAGEMENT SPECIALISTS

Dear New Homeowner:

RE: PRE AUTHORIZED DEBIT / CONDOMINIUM FEES

The Board of Directors reviews the budget to determine the Condominium fees annually. To relieve the burden of one lump sum payment per year, the Board allows monthly payments. These fees are due the **FIRST** day of each month for that month. **Should you wish to pay by cheque, your Board recommends that you provide post-dated cheques for the entire year. Cheques should be made payable to the condominium name or plan number, and forwarded to the letterhead address.**

Your Board is pleased to offer you the option of **Pre-Authorized Debit** for your monthly condominium fees. With this option, your condominium fees are debited directly from your bank account each month.

*****Should you wish to utilize this form of payment, please sign and date the enclosed form and forward to our office along with a void cheque. We would also request that you submit a cheque for your first month's condominium fees, as the Pre Authorized Debit cannot be implemented until the following month.**

Once again, welcome to your new home!

Yours truly,
TMA Management

Leah Taylor
Office Coordinator



CANADIAN WESTERN BANK PAD AGREEMENT

**PHILLIPS
LOFTS** _____
Form 4142 (11/02)

Definitions

In this Agreement:

"I" "We", "Our", "My", "Me" refers to the person(s) signing this Agreement;

Pre-Authorized Debit ("PAD"): means a pre-authorized debit payment item in paper, electronic, or other form drawn pursuant to this agreement on my account at another Financial Institution ("FI").

Funds Transfer PAD: means a PAD where the Payor and Payee are the same person and is for the purpose of transferring deposit funds from one FI to another FI.

Operation

I understand and undertake that:

- a) This authorization is for the benefit of **Phillips Lofts Plan No 022 2718** and my other FI where I have my account. My other FI agrees to process debits against my account in accordance with the rules of the Canadian Payment Association (CPA);
- b) Giving this authorization to **Phillips Lofts Plan No 022 2718** is the same as giving it to my other FI;
- c) My other FI is not required to verify that the PAD conforms with my authorization;
- d) My other FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
- e) Revoking this authorization does not terminate any contract between me and **Phillips Lofts Plan No 022 2718**. My authorization applies only to the method of payment and has no bearing other wise on the contract;
- f) I waive all notification requirements from **Phillips Lofts Plan No 022 2718** for variable amount PAD. (eg. Interest only payments).

I authorize the processing of a PAD through my account as detailed below.

Customer Name(s): _____

Name of Bank: _____

Address of Branch: _____

Phone: _____

MICR Field Information (**Refer to sample and attach a void cheque if possible**)

Branch #				

Bank #		

Account#											

The Account

- a) I confirm that all persons required to sign on my account with my other FI have signed this agreement;
- b) **I certify that all of the account information recorded below is correct. I will inform Phillips Lofts Plan No 022 2718 in writing of any change to the account information at least 10 business days prior to the next due date of the PAD.**

Cancellation

I may cancel this agreement at any time. In doing so, I must advise CWB in writing of this revocation 10 days prior to the next debit due date.

Dispute and Reimbursement

I understand that:

- (a) I may dispute a PAD and may claim for reimbursement if:
 - (i) the PAD was not drawn in accordance with this Agreement or,
 - (ii) the Agreement was revoked; or,
 - (iii) no Agreement exists between me and the purported Payee.
- (b) If I am claiming reimbursement, I must, within 90 calendar days of the date of posting of a Consumer PAD or 10 business days in the case of a Business PAD, complete a declaration to my other FI that I have a claim for one of the reasons given in the preceding paragraph;
- (c) In the case where the declared condition is "no Agreement exists between me and the purported Payee", I may claim reimbursement within 90 calendar days after the posting date on my account statement which shows the improperly processed debit.
- (d) Any claim relating to a PAD which is advanced after the next time in expiry of the time in the preceding paragraph or any funds transfer PAD'S is strictly a matter between me and **Phillips Lofts Plan No 022 2718**.

Account

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Name Address	Date
PAY TO	
THE _____	
ORDER OF _____	/100 DOLLARS
Any Bank Branch Address and Phone Number	
(Cheque) 206 (Branch) 03089 (Bank) 030 (Account) 123 456 7	

Sample Cheque

Frequency: One-Time **** Monthly** Semi-Monthly Weekly Bi-Weekly Other (Specify) _____

Amount: Fixed Variable This is a: Personal Business Or Funds Transfer (Pad)

This Pad is for: Transfer to Account # 9947870 C10 **CONDOMINIUM FEES**

I Understand and agree to the terms and conditions of this agreement. "I acknowledge paying by Pre-Authorized Debits: Understanding Your Rights and Responsibility".

Date: _____ **Customer Signature: _____ **Customer Signature: _____

Checked By: _____

Frequency: One-Time **** Monthly** Semi-Monthly Weekly Bi-Weekly Other (Specify)_____

Amount: Fixed Variable This is a: Personal Business Or Funds Transfer (Pad)

This Pad is for: Transfer to Account # 9947870 C10 **CONDOMINIUM FEES**

I Understand and agree to the terms and conditions of this agreement. "I acknowledge paying by Pre-Authorized Debits: Understanding Your Rights and Responsibility".

Date: _____ **Customer Signature: _____ **Customer Signature: _____

Checked By: _____



1064 Salk Road, Unit 9B
Pickering, ON, L1W 4B5
Tel: 905-837-8548
Fax: 905-837-6578
Email: info@prioritybill.com

Resident Billing Move-In Form

PLEASE COMPLETE ALL APPLICABLE FIELDS IN ORDER FOR ENROLLMENT TO BE PROCESSED

ACCOUNT NAME	SURNAME		GIVEN NAME		Date of Birth (mm/dd/yyyy)	
ADDRESS	STREET		SUITE #			
	CITY		PROVINCE		POSTAL CODE	
MAILING ADDRESS IF OTHER THAN ABOVE	STREET		SUITE #			
	CITY		PROVINCE		POSTAL CODE	
CONTACT INFO	HOME		WORK		EXT.	
	MOBILE		E-MAIL			

All information submitted through this process will only be used by PBSI in support of our obligations under the Billing Services Agreement for each property. This information is being collected and used for billing, collection and auditing purposes only, and will be assigned the appropriate confidentiality level on receipt.

In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), the Resident acknowledges that providing personal information to PBSI is considered consent to the collection, use and disclosure for the stated purposes, and may only be shared with PBSI and authorized third party providers of PBSI.

DATE OF CLOSING						
PURCHASER'S LAW FIRM				LAWYER'S NAME		
ADDRESS OF LAW FIRM	STREET		SUITE #			
	CITY		PROVINCE		POSTAL CODE	
	WORK #		FAX #			

Signature

Date

TO SUBMIT BY FAX:

PLEASE CLICK THE [PRINT FORM](#) BUTTON AT THE TOP OF THE PAGE, SIGN IN THE APPROPRIATE BOX AND FAX TO:
 PRIORITY BILLING SOLUTIONS INC.
 ATTN: MOVE-IN
 FAX: 905-837-6578

TO SUBMIT BY MAIL:

PLEASE CLICK THE [PRINT FORM](#) BUTTON AT THE TOP OF THE PAGE, SIGN IN THE APPROPRIATE BOX AND MAIL TO:
 PRIORITY BILLING SOLUTIONS INC.
 1064 SALK RD., UNIT 9B
 PICKERING, ON L1W 4B5