

Please complete the Pre-Authorized Debit (PAD) Plan Agreement Below

I/We authorize Condominium Corporation 9612304, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per our instructions for the annual recurring payment from time to time, for payment of all charges arising under my/our Condominium Corporation 9612304 account. Condominium Corporation 9612304 will provide a minimum of 10 days written notice of the amount of each regular annual debit. Condominium Corporation 9612304 will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Condominium Corporation 9612304 has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Condominium Corporation 9612304 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to received reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE COMPLETE THE FORM BELOW AND RETURN WITH A BLANK CHEQUE MARKED "VOID":

DATE: _____

1. CUSTOMER (ACCOUNT HOLDER) INFORMATION

Name(s): _____

Riverside Lot Number: _____ Type of Service: Personal: Business:

Customer Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Phone Number: (Home) _____

Phone Number:(Cell) _____

2. FINANCIAL INSTITUTION INFORMATION (FI)

Name of Bank: _____

Branch Number (5 digits): _____ Transit Number (3 digits): _____

Bank Account Number: _____

Bank Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Authorized Signature (s): _____