



# CONDOMINIUM FIRST

MANAGEMENT SERVICES LTD.

www.condominiumfirst.com

### FOR OFFICE USE ONLY

CORP NO. \_\_\_\_\_

UNIT: \_\_\_\_\_

START DATE: \_\_\_\_\_

FEES: \_\_\_\_\_

## PRE-AUTHORIZED PAYMENT (P.A.P.) AUTHORIZATION FORM

### OWNER INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

#### PLEASE CHECK:

- New Owner
- Change of bank account
- Currently paying by cheque; set me up on PAP instead
- Cancel P.A.P.

### ALTERNATE PERSON ON P.A.P. (OTHER THAN THE LEGAL OWNER OF THE UNIT).

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Fill this section out only if someone other than the legal owner will be paying the monthly contributions by P.A.P.

I / WE HEREBY AUTHORIZE \_\_\_\_\_ (Name of Bank or Financial Institution)

To debit my / our account indicated below each month for all payments payable to:

Name of Community: \_\_\_\_\_

Address of Community: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

START DATE: \_\_\_\_\_

### BANKING INFORMATION: BANK NAME: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Chequing Account Number: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

TRANSIT NUMBER \_\_\_\_\_

INSTITUTION NUMBER \_\_\_\_\_

TYPE OF CHEQUING ACCOUNT (check one): Chequing Savings  Personal Chequing (PCA)  Current

Your treatment of each payment shall be the same as if I / we have personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my / our account.

When the budget renews, the amount of this pre-authorized payment will automatically be changed to the new payment amount.

This authorization may be cancelled at any time upon written notice to Condominium First Management Services Ltd.

Any delivery of this authorization to Condominium First Management Services Ltd. constitutes delivery by me / us.

If this form is not received by the 10th day of the month prior, to set up the P.A.P for the next month, I / we authorize CF to withdraw the funds in arrears on the first day of the following month.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

### TO SUBMIT THIS INFORMATION TO CONDOMINIUM FIRST MANAGEMENT SERVICES LTD.:

- Include one of your personal cheques marked "VOID"
- **Fax** or **mail** VOID cheque and this form to Condominium First Management Services:  
Suite 810, 839 - 5th Avenue S.W., Calgary, Alberta T2P 3C8;  
Tel: (403) 299-1810; Fax: (403) 299-1813
- OR **email** VOID cheque and this form to [pap@condominiumfirst.com](mailto:pap@condominiumfirst.com)

