

## **Pre-Authorized Debit Form Orchards Residents Association**

| <b>Customer Information</b>          |   |   |
|--------------------------------------|---|---|
| First and Last Name:                 |   |   |
|                                      |   |   |
|                                      | code):  |   |
| Business Personal                    |   |   |
| Payment Information – form mus       | t be submitted by March 12 <sup>th</sup> , 2025 at noon | 1.  |
| Amount: \$39.58                      |   |   |
| Frequency: Monthly                   |   |   |
| Process Date: Next payment Janua     | ry 15, 2025   |   |
| No. of Instalments: 12               |   |   |
| 2 payments of \$39.58 - \$79.16 mu   | st be made prior to March 12 <sup>th</sup> , 2025       |   |
| Pre-Authorized Debit Terms           |   |   |
| Authorization:                       |   |   |
|                                      | it my bank account as outlines in the payment te        | erms above. Pre-authorized debits will be         |
| Notification:                        | Livingston Association designated bank.                 |   |
|                                      | ulatory requirement for pre-notification                |   |
| Cancellation:                        | natory requirement for pre-notification                 |   |
|                                      | ntil the above business has received written notif      | fication from me/us of its change or              |
| ·-                                   | received at least fifteen (15) business days befo       | _   |
| Authorized agreement doesn't cancel  | paying the remaining RA Fees. The cancellation          | applies to the payment method. You'll need to     |
| _                                    | A to pay any amounts owing. Orchards RA reserve         | es the right to send properties to collections in |
| case of non-payments of RA fees.     |   |   |
| Insufficient Funds:                  |   |   |
| If a payment is returned due to ins  | sufficient funds there will be a \$25 charge            |   |
| Signature:                           | Printed Name:   | Date:   |
| Please attached a void cheque or f   | ill out account details below                           |   |
| Bank Transit No (5 digits):          |   |   |
| Institution (Bank) ID No (3 digits): |   |   |
| Account No:                          |   |   |
| I Have authority under the terms of  | of my account agreement with my financial i             | nstiution to debit the above stated               |
| account. I certify that I am an auth | orized user of this bank account and will no            | t dispute these scheduled transactions            |
| with my bank as long as the transa   | actions correspond to the terms indicated in            | this authorization form.                          |
| Signature                            | Printed Name:   | Date  |