

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

Customer Information		
First and Last Name:		
Email address:		
Property Address (including postal co	ode):	
Business Personal		
Payment Information – form must b	e submitted by January 8, 2026 at noon.	
Amount: \$39.92		
Frequency: Monthly		
Process Date: Next payment January	15, 2026	
No. of Installments: 12		
Pre-Authorized Debit Terms		
Authorization:		
	ny bank account as outlines in the payment te	rms above. Pre-authorized debits will be
proceeded by the Orchards Residents Liv	ringston Association designated bank.	
<b>Notification:</b> I agree to waive any legislative or regula	tory requirement for are notification	
Cancellation:	tory requirement for pre-notification	
	the above business has received written notif	ication from me/us of its change or
•	ceived at least fifteen (15) business days before	· · · · · · · · · · · · · · · · · · ·
	ying the remaining RA Fees. The cancellation a	
to make arrangements with Orchards RA	to pay any amounts owing. Orchards RA rese	rves the right to send properties to
collections in case of non-payments of R	A fees.	
Insufficient Funds:		
If a payment is returned due to insuf	ficient funds there will be a \$25 charge	
Signature:	Printed Name:	Date:
Please attached a void cheque or fill	out account details below	
Bank Transit No (5 digits):		
Institution (Bank) ID No (3 digits):		
Account No:		
I Have authority under the terms of r	ny account agreement with my financial in	stitution to debit the above stated
•	ized user of this bank account and will not ons correspond to the terms indicated in t	•
Signature:	Printed Name:	Date:

To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institutions or visit www.payments.ca.