

**Pre-Authorized Payment Plan Authorization  
For Condominium Monthly Common Charges**

RE: OWNER(S) NAME(S): \_\_\_\_\_  
OWNER(S) ADDRESS: \_\_\_\_\_

TO: TORONTO STANDARD CONDOMINIUM CORPORATION NO. 1622 / 1650 (the "Payee").

AND TO: Brookfield Residential Management Services (the "Payee's Agent")

AND TO: Owner(s) Financial Institution or Bank or Trust Company (the "Bank")

Name of Financial Institution: \_\_\_\_\_

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

City, Province: \_\_\_\_\_

Branch Transit No. \_\_\_\_\_ Account No. \_\_\_\_\_

1. THE UNDERSIGNED OWNER(S) AUTHORIZE the PAYEE and the Payee's Agent on the PAYEE'S behalf to debit the above account at the above indicated branch of the Bank, in payment of the monthly condominium common charges as may be approved by the PAYEE from time to time and attributed to the undersigned Owner(s) of Suite \_\_\_\_\_ at 36 / 38 Lee Centre Drive.

2. A debit in the amount of \$ \_\_\_\_\_ may be drawn on the account, on the 1<sup>st</sup> day of each month, beginning the month of \_\_\_\_\_ 20\_\_.

3. It is acknowledged and agreed by the undersigned that if there are insufficient funds on deposit in the account at the time that the debit is made by or on behalf of the PAYEE, the insufficiency shall be deemed by the PAYEE to be non-payment of the common charges for the particular month. In addition, the undersigned acknowledges and agrees that if any service fees or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be paid by the undersigned.

4. The Bank is not required to verify that any debits drawn by or on behalf of the PAYEE are in accordance with this Authorization or the agreement made between the undersigned and the PAYEE.

5. It is acknowledged that in order to cancel this Authorization the undersigned must provide 14 days prior written notice to the PAYEE in care of the Payee's Agent at: Brookfield Residential Management Services., c/o Accounting Department, 3190 Steeles Avenue East, Suite 200, Markham, Ontario, L3R 1G9. This authorization may be cancelled at any time and cancellation will be effective 14 days after such written notice of cancellation is actually received by the Payee's Agent.

6. The right is acknowledged by the undersigned, to full reimbursement of a pre-authorized debit made to the account by the Bank, if the right is exercised within 90 days after the item in dispute is posted to the account and any of the following conditions apply: (a) the PAYEE was never provided with an Authorization, (b) the debit was not drawn in accordance with the Authorization that was provided to the PAYEE, (c) the Authorization that was provided to the PAYEE was revoked in writing, or (d) the debit was posted to the wrong account due to incorrect account information.

7. It is acknowledged by the undersigned that delivery of this Authorization to the PAYEE constitutes delivery by the undersigned to the Bank. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned of a signed copy of this Authorization.

8. The undersigned will notify the PAYEE (in care of the Payee's Agent at the address set out above) promptly in writing if there is any change in the above account information or if this Authorization is to be terminated.

\_\_\_\_\_  
Date Owner's Signature: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_  
Date Owner's Signature: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**NOTE: For verification purposes, please enclose one of your personal cheques marked "VOID". For an account, all depositors must sign if more than one signature is required on a cheque issued against the account holder.**