

**PRE-AUTHORIZED DEBIT (PAD) PLAN  
CUSTOMER /PAYOR AUTHORIZATION**

**TO: UPLANDS IN HAWKWOOD HOMEOWNERS ASSOCIATION LTD. (the ASSOCIATION”)**

To Direct Debit an Account

ACCOUNT HOLDER (the HOMEOWNER”)

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(Full Legal Name, Exact Name in which Bank Account is Held)

Type of service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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(Address)

---

(Telephone Number)

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(City)

(Province)

(Postal Code)

---

**(E-Mail address)**

Financial Institution: (the “Bank”)

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(Name)

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(Address)

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(City)

(Province)

(Postal Code)

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(Account No.)

(Branch No.)

(Institution No.)

- **Purpose of Debit – Personal/Household PAD**

**The undersigned Homeowner authorizes the Association to debit the above account at the above-indicated branch of the Homeowner’s Bank in payment of a monthly Association Fee under the terms and conditions agreed to between the Homeowner and the Association, pursuant to the Articles of Association of The Uplands in Hawkwood Homeowners’ Association Ltd.**

- **Pre-Notification of Amounts**

Fixed Amounts: The Association will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.

**(over)**

## Rights of Dispute

The Homeowner may dispute a debit under the following conditions: (1) the debit was not drawn in accordance with this Association; (ii) this Authorization was revoked or cancelled; or (iii) pre-notification (as set out in paragraph 2 above) was not received.

The Homeowner may revoke the authorization at any time, subject to providing notice of ten (10) business days.

- **Terms of Authorization to Debit the Above Account**

The Homeowner authorizes The Association to debit the above account in the amount of **\$85.00 plus gst - \$89.25** on the first day of each month for payment payable to The Association in respect of Association Fees. The Homeowner understands that if the bank for reason “insufficient funds” returns any payment, the Homeowner will be responsible for NSF charges.

It is acknowledged that, in order to revoke this Authorization the Homeowner must provide written notice of ten (10) business days to The Association prior to the next debit scheduled at the address provided below. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Homeowner’s contractual obligations to the Association are ended. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The Homeowner will notify the Association promptly in writing if there is any change in the above account information.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Authorized Signature of Account Holder

\_\_\_\_\_  
Date

Please attach a blank cheque marked “VOID” drawn on the above account.

The Uplands in Hawkwood Homeowners’ Association Ltd.  
20 Hawkside Road NW  
Calgary, AB T3G 3K9