



CANLIGHT

PRE-AUTHORIZED PAYMENT FORM

condo corporation common expense fees

Please complete in full and return this form to Canlight Property Management Inc. It is essential that you attach a VOID cheque from your bank account to ensure the accuracy of the institution, transit and bank account numbers.

CORPORATION NAME: UNIT #

PROPERTY ADDRESS: *c/o Canlight Management Inc.
5160 Explorer Drive, Suite 17
Mississauga, ON. L4W 4T7*

PAYOR'S NAME AND ADDRESS

LAST NAME FIRST NAME

ADDRESS CITY POSTAL CODE

HOME TELEPHONE BUSINESS TELEPHONE

ORIGINAL VOID CHEQUE AFFIXED IN BOX BELOW

- I/We have attached a specimen cheque marked "VOID" to this payer authorization (the "AUTHORIZATION").
I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at least five days prior to the next due date of the PAP.

Date: _____ 20 ____ Effective for the month of _____ 20 ____

Owner's Signature: _____ Owner's Signature: _____

Owner's Name: _____ (PLEASE PRINT) Owner's Name: _____ (PLEASE PRINT)

2. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process Payments against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

3. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

4. I/We hereby authorize the Payee to issue Pre-Authorized Payments (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAP") drawn on the Account, for the following purpose:

Condominium Maintenance Fees drawn once monthly on the first day of each month.

5. I/We may cancel the Authorization at any time upon providing written notice to the Payee.

6. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

7. The Payee will provide to me/us, at the address above provided in Section 1:

a) with respect to fixed amount PAPs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 20 calendar days before the Payment Date of the first PAP, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

b) with respect to variable amount PAPs, written notice of the Payment Amount and the Payment Date(s), at least 20 calendar days before the Payment Date of every PAP; and

c) with respect to a PAP plan that provides for the issuance of a PAP in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAP in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.

8. I/We acknowledge that the Processing Institution is not required to verify that a PAP has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAP was issued has been fulfilled by the Payee as a condition to honouring a PAP issued or caused to be issued by the Payee on the Account.

9. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

10. I/We may dispute a PAP only under the following conditions:

(i) the PAP was not drawn in accordance with the Authorization;

(ii) the Authorization was revoked; or

(iii) pre-notification, as required under Section 8 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAP in dispute was posted to the Account.

I/We acknowledge that when disputing any PAP beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

11. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAP transaction.

12. I/We understand and accept the terms of participating in the PAP plan.