

**AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE  
PREAUTHORIZED PAYMENT PLAN**

I (we) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution as is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

**PAYEE:** Emerald Management & Realty Ltd.  
1036 - 10 Avenue S.W.  
Calgary, Alberta T2R 1M4  
Phone: (403) 237-8600 Fax: (403) 290-1530

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I (We) hereby authorize the Payee identified above to draw on my (our) account number with my (our) financial institution, for the following purpose:

**Monthly Condominium Contribution \$** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**NOTE:** Withdrawals will be debited from the account on the 1<sup>ST</sup> business day of the month

This authorization may be canceled at any time upon notice by me (us). I (We) acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to the Payee.

I (We) acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by me (us) to my (our) financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

I (We) acknowledge that, in order to be reimbursed, a declaration to the effect that an error took place, must be completed and presented to the branch of my (our) financial institution either up to and including 90 calendar days in the case of a Apersonal/household@ preauthorized debit, after the date on which the payment in dispute was posted to my (our) account.

I (We) acknowledge that a claim on the basis that the Payor=s Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any preauthorized debit after 90 calendar days in the case of a Apersonal/household@ preauthorized debit.

I (We) understand and accept this pre-authorization debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in this Payor=s Authorization may be disclosed to the Payee=s financial institution, to the extent that such disclosure is directly to and necessary for the proper application of Rule H4 of the Canadian Payments Association.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address of Property

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

**NOTE: Please attach a sample of a (cancelled/voided) cheque from your financial institution. If the preauthorized cheques are to be drawn on a joint account, or if several signatures are required, this authorization must be signed by all the co-signers involved.**