

Pre-Authorized Payment Plan Authorization
For Condominium Monthly Payments

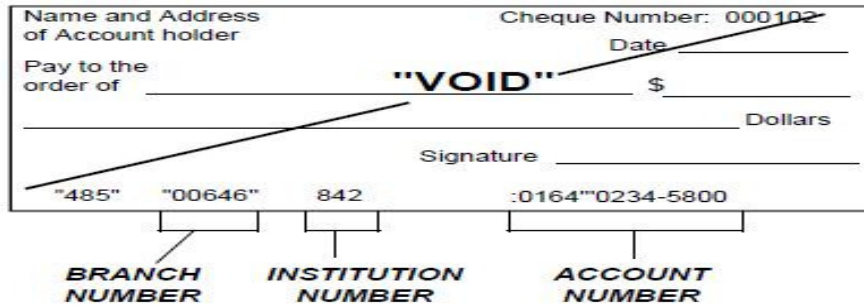
RE: Owner(s) Name(s): _____

Owner(s) Address: _____

To: **TORONTO STANDARD CON DOMINIUM CORPORATION NO. 1431** (the "Payee")

And to: Shiu Pong Management Limited (the "Payee's Agent")

And to: Owner(s) Financial Institution or Bank or Trust Company (the "Bank")



Branch Transit No.: _____ Institution No.: _____ Account No.: _____

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, on the first day of each month, beginning the month of _____ 201__ in payment of the monthly installments for condominium common expenses, special assessments and any other appropriate payments may be approved by the PAYEE from time to time and attributed to the undersigned Owner(s) of Suite _____ at **11 Lee Centre Drive, Scarborough, Ontario,** _____.

1. 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 common expenses for the particular month. In addition, **the undersigned acknowledges and agrees that if any services fees or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be paid by the undersigned.**
2. 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 between the undersigned and the PAYEE.
3. 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: Shiu Pong Management Limited, 131 Baldwin Street, Toronto, Ontario, M5T 1L7; fax #: (416) 596-1700. 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.
4. 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 never provided 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 the incorrect account information.
5. 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.
6. The undersigned will advise 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.

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

Owner's Name: _____ Owner's Name: _____

Date: _____ Date: _____

Note: For verification purpose, 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. **If this authorization does not reach us by the 24th of the month, we will not debit your bank account until the first working day of the month after next month.**