

**PERSONAL
PRE -AUTHORIZED DEBIT FORM**

Start Date: _____

Unit: _____

Condo Fee Amount: _____

NAME _____

TELEPHONE # _____

ADDRESS _____

CITY _____

POSTAL CODE _____

I/WE HEREBY AUTHORIZE

To debit my / our account (void cheque provided) indicated between the 1st and the 5th of each month for all payments payable to the Payee:

Condo Name: _____

Condo Number: _____

c/o Astoria Asset Management Ltd.
505 Centre Avenue East Airdrie, AB T4B 1P9
Phone (403) 948-0337 Fax 948-0317

I / We acknowledge that this authorization form is provided for the benefit of the above noted Payee (identified herein), 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.

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

I / We undertake to inform in writing of any change in the account information provided in this authorization 10 days prior to the next pre-authorized payment date.

Payment shall be the same as if I / We had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my / our Account, any increase/decrease in fees and or assessments will be automatically adjusted.

This authorization may be cancelled at any time upon 10 days written notice prior to the next payment date. Cancellation does not revoke any payments due to the **Corporation**. A cancellation form can be obtained at www.cdnpay.ca.

Any delivery of this authorization to Astoria Asset Management Ltd. constitutes delivery by me / us.

I/ We have certain recourse rights if any debit does not comply with this agreement. For example, I/We 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

DATE _____

SIGNATURE _____

SIGNATURE _____

For a joint account all Depositors must sign if more than one signature required on cheques issued against this account.

Attach one of your cheques from your financial institution marked “VOID”.

Or

Obtain a Pre-Authorized Payment form from your financial institution.