

ELECTRONIC FUNDS TRANSFER CONSUMER AUTHORIZATION

You may now pay your monthly condominium contributions the easy way through our **Electronic Funds Transfer Service**.

This convenient payment method will save you the worry of writing those monthly cheques. You can save time and money by avoiding the extra costs of postage and cheques or even possible late charges.

Return the completed form with a blank cheque marked "VOID" to KDM Management Inc. at #210, 150 Carleton Drive, St. Albert, Alberta, T8N 6W2 (ph. 780-460-0444 or fax 780-460-1280) and your condominium contribution payments will come directly out of your bank account on the first of each month or the next business day.

Electronic Funds Transfer (EFT) Service Application

EFT Start Date: _____ (First day of the Month).

My/Our bank account # is _____

My/Our Monthly Condominium Contribution is _____

These services are for (check one) Personal Use Business Use

I/We am attaching a sample cheque marked "VOID".

I/We request and authorize KDM Management Inc., on behalf of **CONDOMINIUM PLAN NO. /CONDOMINIUM CORPORATION NO. _____ NAME OF COMPLEX _____** to draw regular monthly payments for condominium contributions against my/our account at the financial institution indicated by the account number above on the 1st of each month or the next business day. I / We understand that my / our monthly Condominium Contributions are periodically subject to change upon 5 days written notice to me / us.

My/Our financial institution is hereby authorized to deal with such debit slips the same as if signed by me/us. This authorization may be cancelled at any time upon 10 business days written notice to the KDM Management Inc. office at the address above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Electronic Funds Transfer Agreement, at my/our financial institution or by visiting www.cdnpay.ca.

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 electronic funds transfer (EFT) that is not authorized or is not consistent with this EFT Agreement. To obtain a form for a Reimbursement Claim, or more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Legal Unit#	First Name	Initial	Last Name
Address		Ph. No. (Daytime)	
Signature		Date	
Signature		Date	
Signature		Date	

***For a joint account, all signatories must sign if more than one signature is required on cheques issued against the account.**