Pre Authorized Debit Form

Chappelle Gardens Residents Association
1059 Chappelle Blvd SW Edmonton, AB T6W2K7
780-705-1815
accounts@chappellegardensra.ca

Customer Information

First and Last Name: _____
Email address: _____
Property Address (including postal code): _____
Business ☐ Personal ☐

Payment Information – form must be submitted by January 8th at noon.

Amount: $40.81
Frequency: Monthly
Process Date: First payment January 15, 2027
No. of Installments: 12

Pre Authorized Debit Terms

Authorization:
I authorize the above business to debit my bank account as outlines in the payment terms above.
Pre-authorized debits will be proceeded by the Chappelle Gardens Residents Association designated bank.

Notification:
I agree to waive any legislative or regulatory requirement for pre-notification.

Cancellation:
This authority is to remain in effect until the above business has received written notification from me/us of its change or termination.
This notification must be received at least fifteen (15) business days before the next debit is scheduled. Canceling Pre-Authorized agreement doesn't cancel paying the remaining RA Fees. The cancellation applies to the payment method. You'll need to make arrangements with Chappelle Gardens RA to pay any amounts owing. Chappelle Gardens RA reserves the right to send properties to collections in case of non-payments of RA fees. Any outstanding payments that remain unpaid for 90 days or more will be handed over to the Chappelle Gardens Residents Association's legal counsel, Field LLP, for collections. Payments will no longer be accepted by the CGRA. Legal costs associated with the collection of fees, as determined by Field LLP, will be charged back to the home owner.

Insufficient Funds:
If a payment is returned due to insufficient funds there will be a $25.00 charge

Signature:_____ Printed Name: _____ Date: _____

Please attached a void cheque or fill out account details below
Bank Transit No (5 digits): _____
Institution (Bank) ID No (3 digits): _____
Account No: _____

I Have authority under the terms of my account agreement with my financial instiution to debit the above stated account. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank as long as the transactions correspond to the terms indicated in this authorization form.

Signature:_____ Printed Name: _____ Date: _____

To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institutions or visit www.payments.ca