

# 2024-25 RPHOA Pre-Authorized Debit (PAD) Form

**ROCKLAND**  
*Homeowners Association*



**PARK**

## **Customer Information**

**First and Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Property Address (including postal code):** \_\_\_\_\_

**Single Family**

**Multi-Family**

**Payment Information** - form must be submitted via email to [gm@rocklandparkhoa.ca](mailto:gm@rocklandparkhoa.ca) or in-person at the Lodge by February 9, 2025 at 5pm for timely first payment.

**Amount:** \$59.61\* + GST (Single Family)  \$45.23\* + GST (Multi-Family)

*\*The monthly amount includes a pro-rated admin fee of \$6.25 for the 2024-25 fiscal year (spread equally over the 3 payments)*

**Frequency:** 3 Installments total for the 2024-25 fiscal year

**Process Dates:** Due to timing, for the 2024-25 pro-rated fees, payments will be taken on the following dates for this fiscal year: **Feb 10, 2025; March 3, 2025; & Mar 24, 2025.**

## **Pre-Authorized Debit (PAD) Terms**

### **Authorization:**

I authorize the above business to debit my bank account as outlined in the payment terms above. Pre-authorized debits will be proceeded by the Rockland Park Homeowners 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. Cancelling Pre-Authorized agreement doesn't cancel paying the remaining HOA Fees. The cancellation applies to the payment method. You'll need to make arrangements with Rockland Park HOA to pay any amounts owing. Rockland Park HOA reserves the right to send properties to collections in case of non-payments of HOA fees.

### **Insufficient Funds:**

If a payment is returned due to insufficient funds there will be a \$25 charge.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Please attach a void cheque or fill out account details below**

Bank Transit No. (5 digits): \_\_\_\_\_

Institution (Bank) ID No. (3 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

*I have authority under the terms of my account agreement with my financial institution to debit the above stated account. I certify that 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:** \_\_\_\_\_