



## Pre Authorized Debit Form

Livingston Homeowners Association  
1248 Livingston Way NE Calgary, AB T3P0V6  
587-391-6239  
[leadamb@livingstonhub.ca](mailto:leadamb@livingstonhub.ca)

### Customer Information

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

Email address: \_\_\_\_\_

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

Business  Personal

### Payment Information

Amount: \$43.16

Frequency: Monthly

Process Date: Starting April 15, 2024

No. of Instalments: 11

### 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 Livingston 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 Livingston HOA to pay any amounts owing. Livingston 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 attached a void cheque or fill out account details below

Bank Transit No: \_\_\_\_\_

Institution (Bank) ID No: \_\_\_\_\_

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: \_\_\_\_\_