

2026-27 SHOA

Pre-Authorized Debit (PAD) Form

Customer Information

First and Last Name: _____

Email Address: _____

Property Address (including postal code): _____

Payment Information: This form must be submitted with void cheque **by March 30th, 2026 at 5pm.**

Frequency: 12 Equal installments for the 2026-27 fiscal year, processed the **1st day of every month Starting April 1st, 2026.** If you enroll after April 1st, missed months payment will be taken upon registration. Last payment is processed March 1, 2027. Last day to accept form will be June 30th, 2026.

Current Encumbrance Amount: \$37.92/mth*+ GST = \$39.81/mth

**The monthly amount includes an annual PAD admin fee of \$25 for the 2026-27 fiscal year, spread evenly between the 12 payments.*

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 Seton 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 the SHOA to pay any amounts owing. The SHOA reserves the right to send properties to collections in case of non-payments of HOA fees.

Resale:

If the home is sold, the remaining balance must be paid on or before the possession date, as the fees were due on April 1st. Once this payment has been made, the previous owners' monthly payment plan can be removed from the account.

Insufficient Funds:

If a payment is returned due to insufficient funds there will be a \$60 charge.

Signature: _____ **Printed Name:** _____ **Date:** _____

Please attach a void cheque

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:** _____

Completed forms can be emailed directly to gm@setonhoa.ca