THE ORCHARDS

Pre-Authorized Debit Form

Orchards Residents Association
4059 Orchards Drive SW, EDM, AB T6W1W5
587-525-9640
Accounts@orchardsra.ca

Customer Information

First and Last Name: _____

Email address: _____

Property Address (including postal code): _____

Business ☐ Personal ☐

Payment Information – form must be submitted by January 8, 2027 at noon.

Amount: $40.67

Frequency: Monthly

Process Date: Next 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 Orchards Residents Livingston 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 RA Fees. The cancellation applies to the payment method. You'll need to make arrangements with Orchards RA to pay any amounts owing. Any outstanding payments that remain unpaid for 90 days or more will be handed over to the Orchards Residents Association legal counsel, Field LLP, for collections. Payments will no longer be accepted by the Orchards Residents Association. Legal costs associated with the collection of fees, as determined by Field LLP, will be charged back to the homeowner.

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 (5 digits): _____

Institution (Bank) ID No (3 digits): _____

Account No: _____

I Have authority under the terms of my account agreement with my financial institution 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: _____