

Cornerstone Association of REALTORS®

Pre-Authorized Debit

Authorization and Consent Form

NEW ENROLLMENT CHANGE CANCELLATION Date: _____

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize the Cornerstone Association of REALTORS® (Cornerstone) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for quarterly payment of all charges arising under my/our Cornerstone account(s). The full amount of my quarterly invoice will be debited to my/our designated account on the 20th day before each new quarter begins (or the next business day if the 20th falls on a weekend/holiday). I warrant to Cornerstone that on a continuing basis the person(s) whose signature(s) are required to deal with the PAD Account has signed the Form and that the information set out on the Form with regard to the PAD Account is accurate and complete. I undertake to notify Cornerstone in writing of any change in such information at least 10 days prior to the next due date of a PAD.

This authority is to remain in effect until Cornerstone has received written notification from me/us of its change or termination. This notification

must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

Cornerstone may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to received reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Please attach a VOID cheque or a pre-authorized debit form from your financial institution

Member Information

(Please print)

Matrix User Code: _____

Name: _____ Type of Service: Business

Home Address: _____
NUMBER & STREET NAME CITY/TOWN PROVINCE POSTAL CODE

Cell Number: _____

Brokerage: _____ Branch: _____

Payor Information

Financial Institution (FI): _____ FI Transit #:
BRANCH - 5 DIGITS FI - 3 DIGITS

FI Account #: _____

FI Address: _____
NUMBER & STREET NAME CITY/TOWN PROVINCE POSTAL CODE

Authorized Signature(s): _____ | _____

Return this form to: billing@cornerstone.inc

Hamilton-Burlington & Simcoe Region - 905.529.8101 | Waterloo Region - 519.576.1400 | Mississauga Region - 905.608.6732

There will be a service charge of \$50 for any returned transactions.

Accounts will be removed from the plan after two NSF transactions within the calendar year.

Pre-Authorized Debit Form - September 2024 - AB