



**UNIT
PARK**

1 Yonge Street, Suite 1510
Toronto, Ontario M5E 1E5
Phone: 416-366-7275
Fax: 416-368-6693

PARKING AGREEMENT

FOR OFFICE USE ONLY

Location: 1201 Wilson Ave Lot # _____

Customer ID # _____

Access Card # _____

Reserved Stall # **Not Required**

Parking Start Date: _____

Rate / Monthly \$ _____

First Name _____ Last Name _____

Ministry: _____ Department: _____

Information (If changed since registration)

* Address _____

* City _____ * Province _____ * Postal Code _____

* Email _____ * Work Phone # _____

* Home Phone # _____ * Mobile Phone # _____

Main Vehicle Information (If changed since registration)

Alternative Vehicle 2 Information (If changed since registration)

Vehicle Make: _____ Year _____

Model: _____ Colour _____

License Plate # _____

Vehicle Make: _____ Year _____

Model: _____ Colour _____

License Plate # _____

SELECT Method of Payment: Credit Card Payment section **B** or Pre-Authorized Payment section **A**

Pre-Authorized Payment - Proceed to page 2 to complete the pre-authorized agreement

Note: For verification purposes a sample of your cheque marked "VOID" is required.

A. Credit Card Payment (MasterCard or Visa Only) - Complete Section A & proceed to page 4

Credit Card Type Credit Card No: - - -

Expiry Date mm/yy _____ Rate/Month \$ _____ Payment to commence Date:

Terms and Conditions: Please debit my Credit Card as indicated above each month for payments payable to Unit Park, for the amount of my monthly parking rent, plus any applicable taxes. This authorization maybe cancelled at any time upon written notice by me. Any delivery of this authorization to you constitutes delivery by me.

Authorizing Signature (Same as on Credit Card): _____

Date of Application

Applicants Signature: _____



B. Pre-Authorized Debit (PAD) Agreement

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the Payee below.

1. CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly)		
Name: (First/Last) _____		
Mailing Address: _____		
City: _____	Province: _____	Postal Code: _____
Telephone Number: _____		
2. BANK ACCOUNT INFORMATION		
Deposit Account Number: _____		Branch Transit Number: _____
Financial Institution Number: _____		<input type="checkbox"/> Chequing Account <input type="checkbox"/> Saving Account
Financial Institution Name: _____		
Branch Address: _____		
3. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS		
Company Name: Unit Park Management Inc.		
Mailing Address: 1 Yonge Street, Suite 1510		
City: Toronto	Province: Ontario	Postal Code: M5E1E5
Telephone Number: 416 366 7275 Ext 33		Fax: 416 368 6693
E-mail: michelle@unitpark.ca		

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, I/We certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority To Debit Account: I/We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for MONTHLY PARKING FEES.

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ 110.00 may be drawn on our account MONTHLY beginning [] Unless otherwise agreed to in writing, the Payee will provide to the Customer/Account Holder, at least 10 calendar days before the payment date, written notice of any change in the monthly amount to be debited. The amount of debit may be affected by any non recurring charges such as Access card fees/deposits and service charge for pre-authorized payment charge back. I/We acknowledge that a service charge of \$ 25.00 will be applied to pre-authorized payment charge backs.



Pre-Authorized Debit (PAD) Agreement

Validation by Processing Financial Institution: I/We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

Recourse/Reimbursement: I/We have certain recourse rights if any debit does not comply with this agreement. For example we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca

Our Rights of Dispute: I/We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization
or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 7 days prior to the PAD being issued.

Pre-Notification Waiver: I/We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD asset in the Rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I/We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Name (please print) _____

Date

Authorized Signatory _____

Name (please print) _____

Date

Authorized Signatory _____

PARKING AGREEMENT

TERMS:

1. Unit Park with the owners' authorization permits the tenant the use of one (1) non-reserved and / or N/A reserved space (s) for the automobile herein described in the parking facility known municipally as 1201 Wilson Avenue, Toronto
2. The Tenant must pay a \$ 20.00 deposit for the use of an Access Card. Deposit will be refunded on return of Access Card in good working condition.
3. As at the date hereof the monthly charge in effect for said space(s) is \$ **110.00**
4. A \$25.00 administration charge will be applied to any insufficient funds (NSF) payment. There are no exceptions to this policy
5. **Parking charges plus all applicable taxes are payable in advance on the fifteenth day of prior month and subject to interest charges at 2% per month (26.8% per annum) on any unpaid balance thereafter.** If the fifteenth of the month falls on a statutory holiday or weekends, the payment is required on the following business day.
6. **Parking charges are for rental of parking space(s) and payments are still due during customer's holidays or short leave of absence.** Re-activation of parking agreements, which have been cancelled/suspended for nonpayment or failure to comply with parking rules & regulations will be subject to a re-activation fee equivalent to one (1) month parking.
7. **For CANCELLATION, the Customers MUST provide one calendar month's advance written notice to Unit Park.**

Date of Application

Signature: _____

By Signing you agree that you have read, understand and accept this agreement & the parking rules & regulations: