

*"Sending a cheque every
month can be a chore"*

WHY NOT USE OUR PRAUTHORIZED PAYMENTS PLAN?

PRAUTHORIZED PAYMENTS WILL HELP SOLVE YOUR PROBLEMS!

No more cheques to write (or forget) each month. No letters to mail. No mistakes. No missed payments. The Prauthorized Payment Plan (PAP) is simple, convenient, saves you time and money. Just complete the authorization form on the opposite page and return with a voided cheque to Benchmark Management Ltd, either right away, or along with your next payment.

SIMPLE

On the date of your next payment, your condominium corporation will arrange to collect the money from your bank, credit union or trust company. You don't need a special account -- any regular account on which you write cheques will do. Don't forget to include a voided cheque.

THRIFTY

Your installments will always be credited when due, you'll never be charged interest for late payments. You'll save time, stamps and envelopes. All it will cost you is your financial institution's regular cheque cashing service charge.

CONVENIENT

This handy plan takes care of all the routine for you and you can cancel at any time, simply by notifying your financial institution and the Payee indicated on the authorization form.

Benchmark Management Ltd.

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PHONE: 403-247-1014

FAX: 403-247-2554

AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE PRAUTHORIZED PAYMENT PLAN

I (we) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I (we) warrant and guarantee that all persons whose signatures are required to sign on this document have signed the agreement below.

I (we) hereby authorize the Payee or the Payee's agent identified below to draw on my (our) account number with any (our) financial institution, for the purpose: Condominium Contribution Payments.

This authorization may be canceled any time upon notice by me (us). I (we) acknowledge that, in order to revoke this authorization, I (we) must provide notice or revocation to the Payee or the Payee's agent. I (we) acknowledge provision and delivery of this authorization to the Payee constitutes delivery by me (we) to my (our) financial institution. Any delivery of this authorization to you constitutes delivery to me (us).

I (we) acknowledge that, in order to be reimbursed, a declaration to the effect that an error took place, must be completed and presented to the branch of (our) financial institution either up to and including 90 calendar days in the case of a "personal/household" preauthorized debit, after the date on which the payment in dispute was posted to my (our) account.

I (we) acknowledge that a claim on the basis that the Payee's Authorization was revoked, or any season, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any preauthorized debit after 90 days in the case of a "personal/household" preauthorized debit.

I (we) understand and accept this preauthorized debit plan and wish to enroll therein. Furthermore, I (we) agree that any personal information that might be contained in the Payee's Authorization may not be disclosed to the Payee's financial institution, to the extent that such disclosure is directly to and necessary for the proper application of Rule 14 of the Canadian Payments Association.

I (we) understand that the information provided shall not be disclosed to a third party and will only be used for the intended purpose as per the Personal Information Protection Act.

Payee: _____
(Condominium Corporation Name)

Unit: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Note: Please attach a sample of a (cancelled/voided) cheque from your financial institution. If the preauthorized payments are to be drawn on a joint account, or if several signatures are required, this authorization must be signed by all co-signers involved.