PRE-AUTHORIZE DEBIT AGREEMENT

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

I/We authorize (insert Landlord name), and the financial institute designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising for suite number _____. Regular monthly payments for the full amount of Condominium Common Expense, Special Assessmenents, and any other appropriate payments will be debited to my/our specified account on the 1st day of each month. (Insert Landlord name) will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until (insert Landlord name) 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 at the adddress provided below. 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

PLEASE PRINT **DATE:** _____

Name(s): _____ Suite # _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____ (Mobile) _____

Financial Institution (FI) Name: _____

Branch Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Attach a VOID cheque

FI Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐ Type of Service: ☐ Chequing Account ☐ Savings Account

(branch -5 digits; FI Number - 3 digits

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Forward this form by mail or fax to:

Attention: Accounts Receivable
10 Kodiak Crescent, Suite 200
Toronto ON M3J 3G5
Tel: 416.630.9393 Fax: 416-631-9393
e-mail: admin@lashgroup.ca