

RE/MAX Central Realty Ltd Property Management Services

PAD (Pre Authorized Debit) Agreement

Authority to Debit Account:

I/We hereby authorize RE/MAX Central Realty Ltd Property Management Services to debit my/our account, the total amount due for my rent with regards to the property I am currently renting for Personal Use.

Cancellation of Agreement:

This authority shall continue until RE/MAX Central Realty Ltd Property Management Services has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days prior to the next scheduled debit date.

Assignment of PAD Agreement:

RE/MAX Central Realty Ltd Property Management Services may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise.

Recourse/Reimbursement Statement:

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

Payor Account and Contact Information:

I/We undertake to provide written notice to RE/MAX Central Realty Ltd Property Management Services of any change in the account or address information provided in this authorization as soon as the change occurs. I understand that account information changes must be received at least ten (10) business days prior to the next scheduled debit date in order to avoid the possibility that my debit is returned by my financial institution.

Delivery:

I/We acknowledge that delivery of this authorization to RE/MAX Central Realty Ltd Property Management Services constitutes delivery by me to the above financial institution. I/We acknowledge receipt of a copy of this authorization.

Non-Sufficient Funds/Returned Payments:

I/We acknowledge that if the PAD rental payment is returned from the corresponding bank account due to Non-Sufficient Funds, there will be a Non-Sufficient Funds penalty of \$50.00 in addition to the monthly rental amount.

(Please print clearly)

1. Rental Details

Monthly Rental Amount: _____

Rental Commencement Date: _____

Address of Rental Property: _____

2. My Information

Name of Payor: _____

Civic Address: _____

Phone: (Res.): _____

(Bus.): _____

(Mobile): _____

Email: _____

3. Bank Account Information/Details

Please print clearly and affix a VOID CHEQUE

Name of Financial Institution: _____

Branch Address: _____

Account Number: _____

Transit Number: _____

Chequing Account Savings Account (please check one)

Commencement Date of this PAD Agreement:

1st of every month commencing (YYYY-MM-DD): _____

I/We warrant that all persons whose signatures are required to sign on the account have signed this PAD Agreement below.

Name (Please print) _____ Name (Please print) _____

Signature of Account Holder _____ Date(YYYY-MM-DD): _____

Signature of Joint Account Holder _____ Date(YYYY-MM-DD): _____