

# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

## The account holder(s)

<b>Details of the payer:</b>  <i>For the apartment located at this adress :</i>	<b>Telephone no.</b>
	<b>Email address</b>

## Recipient organization

<b>Name of the organization (see the lease)</b>	<b>Email address</b> rent@rentalys.ca	<b>Telephone no.</b> 514-935-4217
		<b>Fax No.</b> 514-375-1293

## Voided cheque

**IMPORTANT: You must attach a cheque marked "Void" to this form.**

## Withdrawal authorization

I, undersigned, allows the recipient organization to make pre-authorized debits (PAD) in my bank account listed on the attached voided cheque. I will be notified by e-mail or written letter by the recipient organization of any change in the amount that will be charged to my account, at least 10 days before the specified deadline. This authorization may be revoked at least 3 working days before the date of the next withdrawal in my account.

Each withdrawal made 1<sup>st</sup> of the month beginning \_\_\_\_\_ (year/month/day) will correspond to:

- a fixed amount of \$ \_\_\_\_\_ **Monthly.**
- AND any arrears appearing on your statement (if applicable), which amount may vary depending on the date of receipt of the present form.

and will be used for the purposes of payment of the rent, all constituting a personal/individual PAD.

**One-time PAD:** I also allows the recipient organization to make one-time pre-authorized debits (PAD), from time to time, in my account for payment of special charges. It is understood that the recipient organization must obtain my verbal or written authorization prior to each one-time or sporadic debit to my account, except when said PAD is linked to an increase in my monthly rent or a special assessment.

**Lack of funds:** I will have to make sure that the amount to be debited is available in my account. The recipient organization reserves the right to charge all service fees occasioned by this lack of funds to the payer. In such cases, the recipient organization may debit these fees from my bank account, which debit may be made separately or added to the next PAD as defined above. I renounce to receive any and all written notice prior to the first debit and any notice confirming changes for such a debit.

## Refund

You have certain rights if a debit does not conform with this agreement. For example, you have the right to receive a reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For any problem or information, you can contact the following organizations: the recipient organization, i.e. either your manager or your syndicate; your financial institution; the [www.payments.ca](http://www.payments.ca) website.

## Information disclosure consent

I agree that the information contained in my application for pre-authorized debit are communicated to the financial institution or an external pre-authorized debit service, insofar as this disclosure of information is directly associated with the proper implementation of the required procedures on pre-authorized debits.

_____ (Signature of the account holder)	_____ Date (year/month/day)
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