

# Multi-Res Management Inc.

## Pre-Authorized (PAD) Agreement

### 1. Lessee Information (Please print clearly) DWELLING APPLIED FOR

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Lease Start Date: \_\_\_\_\_

FMR: \$ \_\_\_\_\_ FMR Draw Date: \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Security Deposit Draw Date: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ PAD Start Date: \_\_\_\_\_

### 2. Bank Account Information (Please attach a VOID cheque)

Account Number: \_\_\_\_\_

Branch/Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

The above-mentioned Lessee, (the "Payor"), authorizes Multi-Res Management Inc. (the "Company") to debit the bank account identified above for the current amount of rent payable as per the lease or lease renewal. The account will be debited on the 1<sup>st</sup> of every month or the next business day.

The above Lessee acknowledges that this Authorization is provided for the benefit of the Company and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer's account in accordance with the rules of the Canadian Payment Association. Should the PAD not be honored at the bank upon which it is drawn, the Lessee shall pay the Lessor an administration fee of one hundred dollars (\$100.00) as well as any and all Bank NSF fees.

Purpose of Debits: The debit to my account is classified as a personal PAD for the purpose of **Rent Payment**.

The Payor may revoke their authorization at any time in writing subject to providing a minimum of ten (10) days notice. The Payor also has certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Authorized Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Name: \_\_\_\_\_