

Pre-Authorized (PAD) Agreement

1. Tenant Information (Please Print Clearly) RENTAL PREMISES APPLIED FOR

Name(s): _____

Address: _____ Apt.: _____ City: _____

Province: _____ Postal Code: _____ Telephone No: _____

Current Monthly Rent: \$ _____ Email Address: _____

Lease Start Date: _____ Lease End Date: _____

FMR: \$ _____ FMR Draw Date: _____

LMR: \$ _____ LMR Draw Date: _____

New Monthly Rent: \$ _____ PAD Start Date: _____

Additional charges: _____ \$ _____ Start Date: _____

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

Branch/Transit Number: _____ Account Number: _____

Financial Institution Number: _____

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

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

The above tenant 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 Pre-Authorized Debit not be honored at the bank upon which it is drawn, the Tenant shall pay the Landlord an administration fee of (\$100.00) One Hundred Dollars as well as any and all Bank NSF fees.

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

Should the Payor wish to make changes in the authorization date, Payor may do so, in writing, subject to providing a minimum of 4 business days.

The Payor may revoke their authorization at any time in writing subject to providing a minimum of 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: _____