

2930 Cambie St VANCOUVER

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

A. General Information

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| Building Address: 2930 Cambie St Vancouver BC V5Z 2V8 | |
| Tenant(s) | |
| Tenant(s) Email Address | |
| Tenant Unit # | Tenancy Start Date (dd-mm-yyyy) |
| Starting Monthly Rent on PAD \$ | Additional Fees (Parking, Storage, etc.) \$ |
| Total Starting Monthly Payment on PAD \$ | |

B. Agreement:

I/We understand and undertake that:

- 1.This authorization is for the benefit of 2930 Cambie Apartment General Partnership LTD. ("the Company") and my/our Financial Institution. My/Our Financial Institution agrees to process debits against my/our account in accordance with the rules of the Canadian Payment Association;
- 2.Giving this authorization to the Company is the same as giving it to my/our Financial Institution;
- 3.My/our Financial Institution is not required to verify that the PAD conforms with my/our authorization;
- 4.My Financial Institution is not required to verify that the purpose of payment to which this PAD relates has been fulfilled; and
- 5.Revoking this authorization does not terminate any contract between me/us and the Company. my/our authorization applies only to the method of payment and has no bearing otherwise on the contract.
- 6.If there are insufficient funds in the account to cover the payment, Tenants are required to provide a replacement bank draft for rent and will be subject to a \$25 Non-sufficient Fund (NSF) fee, and a \$25 Late Fee.

C. Pre-Notification:

This form replaces any prior PAD agreements related to my tenancy in this unit.

The Company and I/we agree to hereby waive all notification requirements from the Company for variable amount PADs.

I/We authorize the processing of a PAD through my account for the payment of current or past due rent plus any late fees, NSF fees, other fees, and rent increases in accordance with the Residential Tenancy Act where applicable. I also authorize the processing of a PAD for any storage, parking or other fees if agreed to in writing.

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|---|---------------|
| Payor Name(s) | |
| Address (Building Address as of Move-in Date) | |
| Phone # | Email Address |

D. Dispute and Reimbursement

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. To obtain more information on my/our recourse rights, I/we may contact my/our Financial Institution or visit www.cdnpay.ca.

I/we understand that:

1. I/we may dispute a PAD and may claim for reimbursement if:

- A. the PAD was not drawn in accordance with this Agreement; or
- B. the Agreement was revoked; or
- C. no Agreement exists between me and the purported payee.

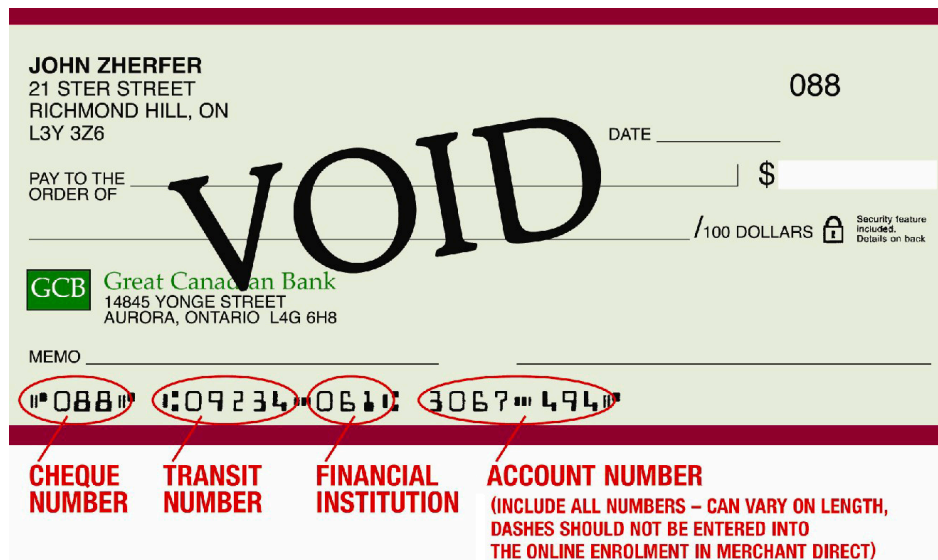
2. If I/we are claiming reimbursement, I/we must, within 90 calendar days of the date of posting of a Personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my/our Financial Institution that I/we have a claim for one of the reasons given in the preceding paragraph;

3. In the case where the declared condition is "no Agreement exists between me and the purported Payee", I/we may claim reimbursement within 90 calendar days after the posting date on my/our account statement which shows the improperly processed debit; and

4. Any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me/us and the Company.

E. Financial Institution Information (attach a void cheque if possible)

| | | |
|----------------------------------|---|----------------|
| Name of Financial Institution: | | |
| Address of Financial Institution | Phone # | |
| Transit Number (5 digits): | Financial Institution Number (3 digits) | Account Number |



| | |
|---|------|
| Signature | Date |
| Signature (Second Signature if Require) | Date |

F. The Account

I /We confirm that:

1. All persons required to sign on my account with my/our Financial Institution have signed this Agreement;
2. I/we certify that all of the personal and account information recorded in this Agreement is correct. I/We will inform the Company in writing of any change to such information at least 10 business days prior to the next due date of the PAD.

G. Cancellation

This Agreement will be automatically terminated by The Company on the last day of your tenancy if your rent is paid in full.

I/We may revoke my/our authorization at any time, subject to providing notice of at least 10 days prior to the next debit due date. I/We must advise the Company in writing or by signing the cancellation area below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I/we may contact my / our Financial Institution or visit www.cdnpay.ca.

| | |
|---|------|
| REQUEST TO CANCEL PAD: I Wish to Cancel my PAD Agreement: | |
| Signature | Date |