



## PRE-AUTHORIZED DEBIT (P.A.D.) AGREEMENT

PLEASE EMAIL THIS FORM TO THE RENTAL MANGER (PLEASE PRINT CLEARLY)

### PAYOR INFORMATION

Name: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

☐ Option A:

*If you have a VOID cheque, please attach it here*

☐ Option B: If you do not have a VOID cheque, please request a Direct Deposit Form from your financial institution and attach it to this Agreement.

☐ Option C: If you do not have a VOID cheque or a Direct Deposit Form, please contact your financial institution and fill out the following information

Institution No.			Branch Transit No.				Account No.									

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

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

### PAYEE INFORMATION:

**PAYMENT TYPE** (choose one only):

☐ Personal ☐ Business Use

A "VOID CHEQUE" or "Direct Deposit Form" must be attached with this agreement if Option C is not completed. This form must be completed and received by the Payee at least fifteen (15) days before the first Pre-Authorized Debit (P.A.D.) to be effected.

For any dishonored P.A.D. for any reason such as, but not limited to "NSF", "stop payment" or "account closed", there will be a \$25.00 administration charge plus \$25.00 for late fees, for a total of \$50.00 and this will be automatically added on to the next P.A.D. withdrawal amount. Royal York Capital Ltd reserves the right to cancel this P.A.D. agreement at any time by written notice to the account holder(s)'s mailing address.

I/We hereby authorize Royal York Capital Ltd. and the financial institution designated to debit my /our account indicated above for the monthly Rent Payment of \$ \_\_\_\_\_ on the 1st day of every month with effect from \_\_\_\_\_.

**I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the P.A.D. due to a change in any applicable tax rate, top-up, or adjustment.**

This authority is to remain in effect until Royal York Capital Ltd. has received written notification from the next me/us of its change or termination. This notification must be received at least ten (10) business days before debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a P.A.D. Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

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 P.A.D. that is not authorized or is not consistent with this P.A.D. Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Payor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.