



1016 Barrington St., Halifax. N.S, B3H 2P9  
(902) 830-1940 (902) 982-4854  
[korekapital@hotmail.com](mailto:korekapital@hotmail.com)

- PRE-AUTHORIZED DEBIT (PADs) PAYOR'S PAD AGREEMENT -

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Please complete the Pre-Authorized Debit (PAD) agreement below.

I/we authorize KORE KAPITAL INC, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our KORE KAPITAL INC account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1ST day of each month. KORE KAPITAL INC will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until KORE KAPITAL INC has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

KORE KAPITAL INC may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

**PLEASE PRINT**

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

Date: \_\_\_\_\_ **KORE KAPITAL INC. Account # 001 01763 1400 396**  
Type of Service: Personal \_\_\_\_\_ Business  X

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

City/town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home) : \_\_\_\_\_ Work \_\_\_\_\_

Payor(s) Initial(s) \_\_\_\_\_

Tenant(s) Initial(s) \_\_\_\_\_

## Pre-Authorized Debit (PADs) Payor's PAD Agreement Con't

Payor's Name: \_\_\_\_\_

Payor's Address (If different than on Page 1):  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

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

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

FI Institutional Number: \_\_\_\_\_

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

FI Branch City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Amount of Monthly Debit: \$ \_\_\_\_\_

**Direct Debit Agreement will commence September 1<sup>st</sup>, 2020 and will  
expire once the August 31<sup>st</sup> 2021 payment(s) has been deposited**

Account Holder (Payor) Signature(s):  
\_\_\_\_\_

Tenant Signature(s) (if different than Payor named above):  
\_\_\_\_\_  
  
\_\_\_\_\_

**\*\*\* Please ensure you have attached a VOID cheque or a Direct Deposit  
Authorization Form provided to you from your financial institution \*\*\***

**KORE KAPITAL INC.**

Attn: Billing Department

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