

PRE-AUTHORIZED DEBIT PAYMENT FORM CONDOMINIUMS



Please complete the Pre-Authorized Debit (PAD) Plan agreement below and return to ICR Commercial Real Estate via email (mailbox@icrcommercial.com) or by fax (306-664-1940):

Payor's Information (Please Print):

Date: _____ Type of service: Personal Business

Account Holder Name: _____

Condo Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Business) _____ (Fax) _____ (Cell) _____

Email Address: _____

Parking Stall Number: _____ Vehicle License Plate Number(s): _____

Vehicle Make/Model: _____

Mailing Address (if non-resident owner): _____

City: _____ Province: _____ Postal code: _____

Phone: (Business) _____ (Fax) _____ (Cell) _____

Electronic message consent: I/We consent to receiving emails and other electronic messages from ICR Commercial Real Estate. YES NO

I/We warrant and represent that the above information is accurate. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

Payor's Banking Information:

Complete the following banking information and **attach a blank, voided cheque**, if available:

Branch Transit Number:

--	--	--	--	--

 Financial Institution Number:

--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--

 Chequing Savings

Financial Institution: _____

Branch Address: _____

Pre-Authorized Debit Details:

- a. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
- b. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
- c. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account for monthly rent, additional rent, percentage rent and/or for invoice chargebacks related to the commercial address.
- d. I/We may cancel the Authorization upon providing written notice to the Payee no later than five (5) business days prior to the next scheduled pre-authorized debit.
- e. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

f. The Payee may issue a PAD on the first day of the months for \$ _____ starting on _____ 1st, 20____.

(amount)

(month)

*Please note that the PAD form must be received by ICR no later than the 20th day of each calendar month for set up for the following month. If received later than the 20th day of the calendar month, the Payor must make arrangements using another payment method (e.g. credit card, cheque, cash) for the following month's fees.

g. The Payee will provide me/us notification at the address provided in the "Payor's Information" section with respect to any change in the Payment Amount or the Payment Date, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the change.

h. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.

i. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

j. I/We may dispute a PAD only under the following conditions:

- ii. the PAD was not drawn in accordance with the Authorization;
- iii. the Authorization was revoked; or
- iv. pre-notification, as required under section g. was not received.

I/We acknowledge that in order to be reimbursed, a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

k. I/We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

l. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.

m. 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.

n. I/We understand and accept the terms of participating in the PAD plan.

Signature of account holder(s):

(Print Name)

(Print Name)

(Signature)

(Signature)