

PRE-AUTHORIZED DEBIT AGREEMENT

1. Customer Information (Please Print Clearly)

Full Name: _____ Property ID:
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: _____ Email: _____

2. Bank Account Information (Please Print Clearly)

Deposit Account Number:
 Branch Transit Number:
 Financial Institution Number: Chequing Account Savings Account
 Financial Institution Name: _____
 Branch Address: _____

IMPORTANT: You must include a VOID cheque or PAD account information issued by the bank; otherwise, your authorization cannot be processed.

3. Pre-Authorized Debit (PAD) Detail (Please Print Clearly)

You, the Payor, authorize Vancouver **Luxury** Realty to debit the bank account identified above for \$ _____, _____ on the 1 st of every month starting from ____ / ____ / 20 ____.

These services are for (Check one) Personal Business Use

You, the Payor, may revoke your authorization at any time in writing subject to providing 10 business days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (If applicable):

Please Print Name and Sign

Please Print Name and Sign

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights you may contact your financial institution or visit www.cdnpay.ca.