



FOR OFFICE USE ONLY: ADDRESS: _____ TENANT: _____ AMOUNT: _____
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PAYOR AUTHORIZATION

TO: Braemore Management Ltd.
50 - 550 WT Hill Blvd South, Lethbridge, AB T1J 4Z9
Ph: 403-329-3777 (The "Company") (To Direct Debit Account)

Account Holder (the "Customer"):

_____	_____
Full Legal Name	Exact Name in which Account is Held
_____	_____
Address	Telephone Number
_____	_____
City	Province
	Postal Code

Financial Institution (the "Bank"):

_____	_____	
Name	Address	
_____	_____	_____
City	Province	Postal Code
_____	_____	_____
Account No.	Branch No.	Institution No.

1. Purpose of Debits (pick one)

Personal/Household PAD Business PAD

2. Pre Notification of Amounts

Fixed Amounts: The Company will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.

Variable Amounts: The Company will provide written notice of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit.

 Authorized Signature of Customer

 Authorized Signature of Company



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3. Rights of Dispute

The Customer has certain recourse rights if any debit does not comply with this agreement. For example, the Customer has the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization agreement. To obtain more information on the Customers recourse right, they may contact their financial institution or visit www.cdnpay.ca

4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit the above account in the amount of \$ _____ on or by the 4th day of the month or the first business day thereafter, for payments payable to the Company in respect of **Rent and/or Condominium fees according to the signed lease.**

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the Company.

It is acknowledged that in order to revoke this Authorization the Customer must provide 30 days written notice to the Company. This Authorization may be cancelled at any time upon 30 days written notice by the customer to the company This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Company are ended. The Customer may obtain a sample cancellation form, for further information on their right to cancel and authorization, at their financial institution or by visiting www.cdnpay.ca

The Customer will notify the Company promptly in writing of there is any change in the above account information.

Any delivery of this Authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges receipt of a signed copy of this Authorization.

Signature(s) or Authorized Signature(s) of Account Holders **Date**

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******* For verification, please attach a blank cheque, or pre authorized debit agreement marked "VOID" to the completed Authorization. *******