

PROPERTY NAME		UNIT#	
---------------	--	-------	--

Please complete in full and return this form to Braemore Management Ltd. It is required to attach a copy of void cheque (or equivalent bank form) to ensure the accuracy of the institution, transit, and bank account numbers.

FIRST NAME		INITIAL		LAST NAME	
FIRST NAME		INITIAL		LAST NAME	
COMPLETE MAILING ADDRESS				SUITE NUMBER	
	CITY		PROVINCE		POSTAL CODE
TELEPHONE			ALTERNATE TELEPHONE		
EMAIL					

You, the Payor, authorize Braemore Management Ltd. to debit the bank account identified on the attached voided cheque (or equivalent bank form) on behalf of the Property/Property Owner for the amount of the lease fees said as rent as of \_\_\_\_\_, 20\_\_\_\_ amounting to \$ \_\_\_\_\_ on the 1<sup>st</sup> of every month or the next business day **or as amended by proper notice**. Should additional charges be billed to your ledger, these amounts will also be processed in addition to your monthly pre-authorized payment with 10 day's advance notice provided. You, confirm that you have authority under the terms of your account agreement to authorize this debit. You further understand that any payments not honoured by your bank may be assessed processing fees as outlined in your lease agreement, in addition to additional late penalties as outlined in your lease agreement.

These services are for (check one):    Personal \_\_\_\_\_ Business Use \_\_\_\_\_

The Payor directs that payment be taken from the account as detailed on the attached voided cheque (or equivalent bank form):

*Sample Void Cheque*

John Smith 1234 Main Street City, Province A1B 2C3	Date: _____	1234
PAY TO THE ORDER OF _____	\$ _____	
123 BANK 5678 Main Street City, Province A1B 2C3	_____ DOLLARS	100
#1234* Cheque No.	@00000 Transit No.	-0000 Institution No.
		0000000000000* Account No.

You may revoke your authorization at any time in writing to Braemore Management Ltd. to the address below, subject to providing notice of ten (10) days prior to the next scheduled pre-authorized debit. 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.payments.ca](http://www.payments.ca). Braemore Management Ltd. may also cancel this PAD agreement on not less than ten (10) days' notice to you.

You have certain recourse right if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, you may contact your financial institutions or visit [www.payments.ca](http://www.payments.ca).

\_\_\_\_\_  
\* Signature of Account Holder

\_\_\_\_\_  
\* Signature of Joint Account Holder (if applicable)

\_\_\_\_\_  
\* Name

\_\_\_\_\_  
\* Name (if applicable)

\_\_\_\_\_  
\* Date (yyyy-mm-dd)

\_\_\_\_\_  
\* Date (yyyy-mm-dd)