



104-550 Goldstream Avenue  
Victoria, BC V9B 2W7

Phone: 250.590.0204  
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<b>Internal Use Only</b>
Site:
Unit:
Account:

## Pre-Authorized Debit (PAD) Agreement for Tenant Rent Payments 104-550 Goldstream Avenue, Victoria BC, V9B 2W7

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change in Authorization	<input type="checkbox"/> Cancel Authorization	Date: Month / Day / Year
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### Tenant (Payor) Information

Full Name			
Street Address			
City / Province / Postal			
Telephone 1		Telephone 2	

### Banking Information

Financial Institution:			
Branch Address:			
Account Information:			
	Transit Number	Bank Code	Account Number
Account Type:	<input type="checkbox"/> Chequing	<input type="checkbox"/> Savings	<input type="checkbox"/> Other

**You must attach a VOID cheque or form from your bank showing Account, Institution and Transit information.**

### Payment Information

Rent Amount:	\$	<input checked="" type="checkbox"/> Monthly
Start Date (Month/Day/Year):		
Type of Payment:	<input type="checkbox"/> Business	<input checked="" type="checkbox"/> Personal

### Authorization (Initial and sign where indicated)

I/We authorize the M'akola Group of Societies or its subsidiaries to begin debits of my regular monthly rent amount from the bank account indicated above on or after the 1 <sup>st</sup> of each month as long as I/We remain a tenant with M'akola or until I change or cancel PAD in writing.	Initial
I/We agree that M'akola will <u>not</u> pre-notify me of regular monthly debits, and that debit amounts may change if and when my/our monthly rental amount changes in accordance with my/our tenancy agreement with M'akola.	Initial
I/We understand that I/we must give at least 15 days written notice prior to the next payment date to change or cancel this authorization, and that changing or canceling this authorization does not terminate any other obligation that I/we have with the M'akola Group of Societies or its subsidiaries.	Initial
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 <a href="http://www.payments.ca">www.payments.ca</a>	Initial

### Signature(s)

Signature	Date
Co-Applicant Signature (if Applicable)	Date