



# PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

## Peterson Commercial Property Management Inc. ITF Langara Gardens Holdings Ltd. & Langara Gardens (Concert Nominee) Ltd. (Langara Gardens)

Please complete the Pre-Authorized Debit (PAD) Plan agreement below and return to Peterson Commercial Property Management Inc. by fax or mail. Please note: Fields marked with an asterisk (\*) must be completed

New Enrollment     Change in Banking Information

PLEASE PRINT

Name(s) of Tenant(s)\*: \_\_\_\_\_

Name(s) of Bank Account Holder\*: \_\_\_\_\_

(if different from Tenant)

Unit No.\*: \_\_\_\_\_ Address\*: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Commencement Date\*: The first day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTE:** This form, together with either an acceptable VOID pre-printed cheque or a PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT provided by your Bank, both from a Canadian fund account, must be received by PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. no later than the **15th day** of the month **prior to** the Commencement Date in order to be effective on the Commencement Date.

**IMPORTANT:** The account from which PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. is authorized to draw upon is indicated below.

**A specimen pre-printed cheque from a Canadian fund account has been marked "VOID" and attached in this space.**

The undersigned hereby authorizes PETERSON COMMERCIAL PROPERTY MANAGEMENT INC., on behalf of Peterson Residential Property Management Inc. ITF Langara Gardens Holdings Ltd. & Langara Gardens (Concert Nominee) Ltd. (the "Landlord") to debit their account on the first day of each month for all applicable charges due by the undersigned to the Landlord, unless otherwise specified as follows:

The undersigned acknowledges that the amounts for rent and other fees will be those contractually agreed upon between the Landlord and the Tenant. The amounts may be increased / decreased as agreed upon under written notice/contract between the Landlord and the Tenant.

The undersigned undertakes to inform PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. of any change in the account or address information provided in this authorization within 15 days after the change occurs. If the account is transferred to another financial institution, this authorization becomes null and void on the date of the transfer and it will be necessary to provide a new authorization to PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. This authorization may be cancelled at any time upon 15 days written notice to PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. Further information on cancellation rights, including sample cancellation forms, may be obtained from any financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

The undersigned acknowledges that delivery of this authorization to PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. constitutes delivery by the undersigned to their financial institution.

The undersigned has certain recourse rights if any debit does not comply with this agreement. For example, the undersigned has the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on recourse rights, the undersigned may contact their financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### ACCEPTANCE

The undersigned hereby confirms their authorization in accordance with the provisions contained herein; warrants that all persons whose signatures are required to sign on this account have signed below; guarantees all information contained herein is correct to the best of their knowledge; and is/are solely responsible for any consequences due to providing fraudulent information contained herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Second Signature (if required)



**PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT**

**Peterson Commercial Property Management Inc. ITF Langara Gardens Holdings Ltd. & Langara Gardens (Concert Nominee) Ltd. (Langara Gardens)**

**APPENDIX 1**

For use only if a VOID cheque is not available.

To be completed by representative of account holder's financial institution.

Please complete and mail or fax to PETERSON COMMERCIAL.

**Account must be in Canadian Funds**

**PLEASE PRINT**

Account Holder Name(s): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Number: 

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Transit Number: 

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Account Number: 

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Bank Stamp:

Dated this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
CSR/Bank Representative Name

\_\_\_\_\_  
CSR/Bank Representative Signature