

PRE AUTHORIZED PAYMENT FORM

Please deliver the completed form with a blank cheque marked “Void” to Peterson Commercial at Suite 517, 750 West Broadway or email to joycec@petersonbc.com

We acknowledge that this authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account.

PAYEE INFORMATION

Company Name: Peterson Commercial Property Management Inc. ITF Fairmont Medical Building Ltd.		
Address: 1166 Alberni Street, Suite 1701		
City: Vancouver	Province: B.C.	Postal Code: V6E 3Z3
Telephone: 604.688.4885	Fax: 604.688.3245	

TENANT INFORMATION

Company Name:
Address:

ACCOUNT HOLDER INFORMATION

Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Account #:	Transit (5)#:	Institution(3)#:

Financial Institution (Bank or Other)		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Change in Account Information: We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization seven business days prior to the next due date of the pre-authorized debit.

Valid Signing Authority: We warrant & guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our financial institution, for the following purpose of Rents due as per the Lease made on behalf of ____ an Individual / ____ a Business (check one).

Validation by Financial Institution: We acknowledge that our financial institution is not required to verify that a PAD (pre-authorized debit) has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount.



Frequency & Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____, with a reasonable latitude for adjustments in regards to annual estimated operating costs & property tax installments as per the annual statement provided by the Landlord*, may be drawn on our account **monthly** beginning _____.

If you wish to provide a new form for annual adjustment latitude, please notify the payee in writing.

Type of Service: Business _____ Personal _____

Our Rights of Dispute: A Pre-Authorized Debit may be disputed by us under the following conditions:

- 1. The PAD was not drawn in accordance with our authorization; **or**
- 2. the Authorization was revoked; **or**
- 3. pre-notification was not received.

In order to be reimbursed, we acknowledge that a declaration to the effect that any of the above (1, 2 or 3) took place, must be completed and presented to our branch of our financial institution up to & including 90 business days in the case of a personal/household PAD after a date on which the PAD in dispute was posted to our account.

We acknowledge that a claim on the basis that our authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee & ourselves when disputing any PAD after 90 business days in the case of a personal/household PAD.

Recourse/ Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, 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 our recourse rights, we may contact our financial institution or visit www.cdnpay.ca.

Acceptance of Delivery of Authorization: We acknowledge that provision & delivery of this authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this authorization to you constitutes delivery by us.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by us. We acknowledge that, in order to revoke this authorization, we must provide notice of revocation to the Payee.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA rules to receive a written pre-notification prior to each PAD as set out in the rules.

Validation by Processing Institution: We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on our account.

Contract for Goods or Services: Revocation of this authorization does not terminate any contract for goods or services that exists between us & the Payee. Our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I understand the personal information provided above is for purposes of identifying and communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the Building and complying with legal requirements. I hereby authorize Peterson Commercial Property Management Inc. to collect, use and disclose my personal information for these purposes.

Dated this _____, day of _____, 20_____

Authorized Signatory

Name (please print)

Title (please print)