



## PRE-AUTHORIZED DEBIT (PAD) SERVICE AGREEMENT

I/we authorize Dynamic Property Management Ltd and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, by paper or electronic entry covering payments due by the undersigned to Dynamic Property Management Ltd.

Name: \_\_\_\_\_

Address: # \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Type of Service (check one): Business  Personal  Additional Monthly Charges (parking, storage etc): \$ \_\_\_\_\_

Starting on the first day of: (MM-YYYY) \_\_\_\_\_ - \_\_\_\_\_

The undersigned hereby:

1. Warrants that all persons whose signatures are required to sign on this account have signed this agreement;
2. Acknowledges that in order to cancel this agreement written notice of revocation shall be given to Dynamic Property Management Ltd **10** business days prior to the next scheduled date of pre-authorized debit. A sample cancellation form, or more information on your right to cancel PAD Agreement can be obtained at your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca);
3. Acknowledges that any delivery of this authorizations by you constitutes delivery by the undersigned to the processing institution;
4. Agrees to inform Dynamic Property Management Ltd in writing of any change of account information provided in this authorization **10** business days prior to the next scheduled date of pre-authorized debit;
5. Authorizes Dynamic Property Management Ltd to increase/decrease amounts drawn on the account from year to year as agreed to in the Residential Tenancy Agreement; AND
6. Agrees to waive the pre-notification requirements of Rule H1 S15(a) of the Canadian Payments Association.

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 PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we understand the personal information provided above is for purposes of identifying and communication with me, processing payments, ensuring the orderly management of the Strata Corporation and complying with legal requirements. I/we herby authorize the Strata corporation to collect, use and disclose my persona information for these purposes.

Signature (s) \_\_\_\_\_ Date: \_\_\_\_\_

Banking information **must** be provided via void cheque or on a document verified by your financial institution.

PLEASE ATTACHED A VOID CHEQUE HERE

Please return this form to Dynamic Property Management Ltd at least **10** business days before the month for the withdrawal to be effective the 1st day of the following month. Late forms will be processed at a later date

NO COVER PAGE REQUIRED FOR A FAX