



Building Name (if applicable): \_\_\_\_\_ Unit Number: \_\_\_\_\_

Address of Unit: \_\_\_\_\_ (the "Property")

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Service: Personal  OR Business

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR ONE TIME PAYMENTS**

- 1. I/We hereby authorize Proline Management Ltd., as agent for the owner of the Property, to debit my/our account one time as follows:
Amount to debit: \_\_\_\_\_
Debit to occur no earlier than and as soon as practicable after the following date: \_\_\_\_\_
2. In accordance with (1.) above, I/We do hereby waive my/our right to receive pre-notification of the date of the PAD and agree that I/we do not require advance notice of the date of the PAD before the debit is processed.
3. I/We understand the personal information provided is for purposes of identifying and communicating with me/us, processing payments, responding to emergencies, and ensuring the orderly management of the Property and complying with legal requirements. I/We hereby authorize Proline Management Ltd., as agent for the owner of the Property, to collect, use and disclose my/our personal information for these purposes.
4. The account that Proline Management Ltd. is authorized to draw upon is indicated below.

A specimen cheque marked "VOID" is attached to this authorization.
ATTACH VOID CHEQUE HERE
\*\*If your account does not provide cheques, please attach a Preauthorized Transaction Form from your bank.\*\*

OR

Debit the same account for which a Direct Deposit Agreement Form has been duly processed for my property.

- 5. I/We undertake to inform Proline Management Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
6. This authorization may be cancelled upon written notice received by Proline Management Ltd. at least three business days prior to the date indicated in (1.) above. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.
7. I/We acknowledge that delivery of this authorization to Proline Management Ltd. constitutes delivery by me/us to the above financial institution.
8. I/We acknowledge that 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 www.cdnpay.ca.
9. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement below.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

Please mail to:

**PROLINE MANAGEMENT LTD.**

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