



OFFICE USE ONLY
Start on the 1st of: _____

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

1. I/We hereby authorize Proline Management Ltd., as agent for the owner of the Property, to debit my/our account monthly, covering monthly rental and other fees due by the undersigned to Proline Management Ltd., acting in its capacity as agent for the owner of the Property. This amount may be increased/decreased as required by the change in monthly rental and other amounts, provided such increases are agreed to or are made in accordance with provisions of the *Residential Tenancy Act*. All pre-authorized payments will be made on the first of the month.
2. **In accordance with (1.) above, I/We do hereby waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PAD before the debit is processed.**
3. I/We hereby authorize Proline Management Ltd., as agent for the owner of the Property, to debit my/our account monthly for additional charges for: Parking Other _____
4. 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.
5. The account that Proline Management Ltd. is authorized to draw upon is indicated below.

A personalized 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.****

6. 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.
7. This authorization may be cancelled at any time upon 15 days written notice to Proline Management Ltd. 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.
8. I/We acknowledge that delivery of this authorization to Proline Management Ltd. constitutes delivery by me/us to the above financial institution.
9. 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.
10. 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 NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 25TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. SINCE THE PAD PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAD COMMENCEMENT.

Please email signed form to PAD@prolinemanagement.com