

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. "PAYOR" INFORMATION (please print clearly)

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____

Lease Agreement Number: _____

2. BANK ACCOUNT INFORMATION

Deposit Account Number: _____
Branch Transit Number: _____
Financial Institution Number: _____ Chequing Savings
Financial Institution Name: _____
Financial Institution Address: _____

3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

These services are for: personal use business use

You the Payor authorizes _____ ("Payee") to debit the bank account identified above for the amount of \$ _____ on a monthly basis for the purposes of (**rent / condo fees**). The payments will commence on the ____ day of _____ 20__.

You the Payor also authorizes the Payee to debit the same bank account for the amount of \$ _____ on a monthly basis for the purposes of **parking fees**. The payments will commence on the ____ day of _____ 20__.

You the Payor may revoke the authorization at any time, subject to providing written notice of ten (10) days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Any modifications to account information requires ten (10) days written notice before the next PAD is due.

In the event that the amount of this PAD changes, the Payee must provide written notice of the new amount to the Payor ten (10) days before the first PAD for that amount is due.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (please print)

Name (please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to:

Clermont Venture Corporation
751 Dalton Avenue
Kingston, ON K7M 8N6
Phone: 613.384.4477 Fax: 613.384.4497
E-mail: info@clermontventure.com

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