



Personal Pre-Authorized Debit (PAD) Form

TO: District Realty Corporation (the “Payee”)

This Authorization is provided for the benefit of the Payee and our financial institution and is provided in considerations of our financial institution 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. Return the completed form with a blank cheque marked “VOID” to the payee below.

Payee Information			
Company Name: District Realty For			
Address: 50 Bayswater Ave.			
City: Ottawa	Province: ON	Postal Code: K1Y 2E9	
Telephone: (613) 759-8383		Fax: (613) 759-8448	

Account Holder Information			
Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:	Fax:		
Account No.:	Institution No.:	Branch Transit No.:	

Financial Institution			
Company Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:	Fax:		

Account Information: The account 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.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any changes in the information provided prior to the next due date of the PAD.

Valid Signing Authority: We warrant and 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: **rental payments.**

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____, may be drawn on our account **monthly** beginning _____. Annual increases or adjustments are permitted.

Please see reverse →

Validation by Processing Financial Institution: We acknowledge our financial institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been in accordance the particulars of our Authorization including, but not limited to, the amount, as a condition to honoring a PAD issued by the Payee on our account.

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with the CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our financial institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above, is a matter to be resolved between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and 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 Arrangements: This authorization may be canceled at any time upon notice by us to the Payee at least **15** days prior to the PAD being issued.

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.

Contract for Goods or Services: Revocation of this authorization does not terminate the lease agreement that exists between the Landlord and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the lease agreement.

Non-Sufficient Funds (NSF): A charge of **\$25.00** will be imposed for any payment that is returned as non-sufficient funds. Non-sufficient funds can also include, but not limited to stop payment, frozen account, funds not clear, cannot trace, account closed and account error.

Automatic Cancellation: The Payee may exercise the right to cancel the PAD without notice if payment is returned as NSF **3** times consecutively.

We understand and agree to this PAD agreement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, _____.
Date Month Year

Authorized Signatory

Name (please print)

Authorized Signatory (if joint account)

Name (please print)