

Pre-Authorized Debit Agreement

1. Condo Owner / Tenant Information (Please print clearly)

Name (s): _____

Address: _____

Telephone Number: _____ Email: _____

2. Bank Account Information & PLEASE ATTACH A VOID CHEQUE

Deposit Account #

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 Branch Transit #

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Financial Institution #

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 Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Strategic Property & Asset Management to debit the bank account identified above for rent, additional rent or common expense on my/our account on the 1st of every month or the next business day as detailed to me/us on a statement/budget delivered to me/us from time to time.

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 15 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

Signature of Account Holder:

Name: _____

Date: _____

Signature of Joint Account Holder (if applicable)

Name: _____

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 resource rights, contact your financial institution or visit www.cdnpay.ca

PLEASE ATTACH A VOID CHEQUE

When the form is complete, mail, e-mail or fax to:

Strategic Property & Asset Management
1097 North Service Road East, Suite #200
Oakville, Ontario, L6H 1A6
Tel: (905) 337-0800 Fax: (905) 337-0801
E-Mail: nfader@strategicpm.ca



OFFICE USE ONLY (Do not complete):

PAP AMOUNT: _____ DATE: _____

PAP AMOUNT: _____ DATE: _____