



**Professional
Property
Management Ltd.**

RETURN WITH VOID CHEQUE TO:

#105, 1002 - 8th Avenue, Canmore, AB T1W 0C4

Phone: (403) 678-6162 or Calgary Direct: (403) 938-2727

Fax: (403) 678-4990

www.peka.ca accountsassist@peka.ca

**PREAUTHORIZED DEBIT SERVICE ENROLLMENT FORM
CSHO RESIDENTS**

TENANT INFORMATION

NAMES: _____

EMAILS: _____

RENTAL PROPERTY ADDRESS: _____ (the 'Property')

ACCOUNT INFORMATION

PERSONAL PAD: Monthly Rental Payments

**EMAIL a Void Cheque OR a Financial Institution
Payors Information Statement from the bank**

to:

accountsassist@peka.ca

AMOUNT / DEBIT DATE

I/We hereby authorize PEKA Professional Property Management Ltd. to draw from my/our account number with the branch of financial institution at which I/we maintain an account THE MONTHLY RENTAL PAYMENT.

AMOUNT OF: \$ _____ ** COMMENCING ON THE _____ DAY OF _____, 20____.

NOTE: MONTHLY RENTAL PAYMENTS ARE DRAWN ON THE FIRST DAY OF EACH MONTH OR THE FIRST BUSINESS DAY THEREAFTER, SHOULD THE FIRST DAY FALL ON A WEEKEND OR HOLIDAY.

SIGNATURE: _____ DATE: _____

LEASEHOLDER 1
(AND)

SIGNATURE: _____ DATE: _____

LEASEHOLDER 2

SPECIAL INSTRUCTIONS

FOR MOVE IN DATES NOT OCCURRING ON THE 1ST OF THE MONTH, PLEASE FILL OUT THE ONE-TIME PAYMENT FORM PROVIDED.

PREAUTHORIZED DEBIT SERVICE TERMS AND CONDITIONS

1. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the Preauthorized Debit Service Form.
2. **I/We have attached hereto a VOID cheque or Financial Institution Payors Information Statement, which denotes the transit, institution number, account number and me/us as the authorized Account Holder(s).**
3. This authorization may be cancelled at any time. I/We acknowledge that, in order to revoke this authorization, notice of revocation must be provided to PEKA Professional Property Management Ltd. in writing 15 days before the next transmission date.
4. I/We undertake to notify PEKA Professional Property Management Ltd. in writing of any change in the account information provided in this authorization at least 15 days prior to the next due date.
5. I/We acknowledge that this pre-authorized debit form does not include authorization for any additional payment due by me/us, other than those expressly indicated in this form. I/we must authorize any additional draws separately in writing 15 days prior to the next scheduled draw date, in order for any additional withdrawals to occur. ***I/We acknowledge that Account Holders must authorize any additional withdrawals (LEASEHOLDERS authorization is not sufficient, SHOULD THE LEASEHOLDER NOT BE AN ACCOUNT HOLDER).** Where notice is sent by PEKA Professional Property Management Ltd. regarding any additional payment due with respect to this Property or any change to the current existing rental amount, notice will be sent only to the Leaseholder, and not the Account Holder.
6. ****I/We acknowledge that by signing the Preauthorized Debit Form I/we authorize PEKA Professional Property Management Ltd. to amend the amount drawn from my/our account in accordance with monthly rental amount changes (upon prior written notification of same).**
7. I/We acknowledge that the cancellation of this authorization does not terminate my/our services but only affects my method of payment. PEKA Professional Property Management Ltd. may terminate this authorization at any time verbally or by written notice to me at the address shown on my application form.
8. I/We acknowledge that PEKA Professional Property Management Ltd. will charge my account with a service charge of \$100.00+ GST (subject to change) for any dishonored payments (including but not limited to; non-sufficient funds, wrong bank account info, account closure etc.) as it occurs, and dishonored payments may result in termination of my Preauthorized Debit Service.
9. I/We acknowledge that the scheduled draw date is on the 1st of each month.
10. I/We have certain recourse rights if any draw does not comply with this agreement. For example, I/We have the right to receive reimbursement for any draw that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact our financial institution or visit www.cdnpay.ca.

I/WE HAVE READ AND AGREE TO THE PREAUTHORIZED DEBIT SERVICES TERMS AND CONDITIONS

SIGNATURE: _____ <small>LEASEHOLDER 1</small>	DATE: _____
(AND)	
SIGNATURE: _____ <small>LEASEHOLDER 2</small>	DATE: _____