## Pre-Authorized Debit (PAD) Agreement-Rental

I/We acknowledge that I/We are participating in a PAD plan established by Heritage Park Properties Limited and M. Schiketanz Real Estate Inc and that I/We participate in this PAD plan upon all terms and conditions set out herein.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.

I/We hereby authorize M. Schiketanz Real Estate Inc. on behalf of my landlord and its processing institution to debit my/our bank account on the 1<sup>st</sup> day of each month:

- All recurring monthly rental charges and/or charges (e.g. parking if any); and /or
- Any one-time sporadic debit of any kind (e.g. a "catch-up" payment on previous outstanding rental charges for 1<sup>st</sup> time PAD enrolment, NSF administration fee, etc.) as authorized by me/us.

## I/We agree to waive the requirements for pre-notification including, without limitation, pre-notification of any charges in the amount of the PAD due to a change in rental/parking charges.

I/We acknowledge that delivery of this authorization to M. Schiketanz Real Estate Inc. constitutes delivery by me/us to the processing institution.

I/We understand that this authority is to remain in effect until M. Schiketanz Real Estate Inc. has received written notification from me/us of its change or termination. The notification must be delivered to the office of M. Schiketanz Real Estate Inc., 582 Frederick St., Kitchener, Ontario N2B 2A9 at least ten (10) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting the office of M. Schiketanz Real Estate Inc., 519-742-4477

I/We undertake to inform M. Schiketanz Real Estate Inc. immediately, in writing, of any change in the account (e.g. account closure, change of account number, etc.) I/We understand that an NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PAD's.

/We acknowledge receipt and understanding of this	
nformation	

Signature of Tenant(s)

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PERSONAL INFORMATION	EFFECTIVE DATE	
Name of Tenant	Building Name	Unit Number
Building Address		
Phone Number	Email address	
Bank Information – please cho	oose one of the following	
Void cheque attached	– name(s) on cheque must match name(s) of the tenar	nt(s) on Tenancy Agreement
Banking information fo	rm – received from your bank	
Or		
	provide cheques, please have your bank fill out the info will allow pre-authorized payments.	ormation below to ensure the
	ATTACH VOID CHEQUE HERE	
Financial Institution Number	Branch Transit Number Deposit Account number	

Chequing Account	or	Savings Account	
Name of Financial Institution	Bra	anch Address	