

## AMENDED/CHANGE TO PRE-AUTHORIZED DEBIT AUTHORIZATION

I/We, \_\_\_\_\_, of

Suite # \_\_\_\_\_  
(Street # & Name) (Building Name)

hereby give notice that our banking information has changed as shown in the **PAYOR INFORMATION** below and that other than this change, the original Pre-Authorized Debit Authorization agreement which I/We signed, is still in effect.

The change of information is to commence \_\_\_\_\_. The total monthly rent is \$\_\_\_\_\_.

### PAYOR INFORMATION:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_  
(include Suite#, City, Province and Postal Code, )

Telephone \_\_\_\_\_

### PAYOR'S FINANCIAL INSTITUTION:

Financial Institution: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Branch#: \_\_\_\_\_ ☐ Chequing Account ☐ Savings Account

Account#: \_\_\_\_\_ Transit#: \_\_\_\_\_

These services are for (check one): ☐ Personal ☐ Business Use

### PLEASE ATTACH A SPECIMEN CHEQUE MARKED "VOID"

Payor: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Joint account holder (if applicable)

Payor: \_\_\_\_\_ (signature) 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](http://www.cdnpay.ca)

When the form is complete, drop off at your onsite office or send to:

A.S.H. Management Group Inc.  
100 – 233 Portage Avenue, Winnipeg, MB R3B 2A7  
Tel: (204)982-7973 Fax: (204)956-5262.