

# How to Fill Out / Verify the EFT/PAD Agreement Form?

*It's important for the Resident to fill in all fields on the form, an EFT form is a banking requirement and must be completed in its entirety. Portfolio team must review the form before uploading it on Yardi Voyager for accuracy.*

## Section 1 Resident information – Lease Holder information

**NOTE:** A form is considered incomplete and can be denied for payment set up by bank if left incomplete.

|                              |                               |
|------------------------------|-------------------------------|
| <b>RESIDENT INFORMATION:</b> |                               |
| Resident's Name:             | _____                         |
| Resident's T-Code:           | _____                         |
| Building Number:             | _____ Suite Number: _____     |
| Building Address:            | _____                         |
| Resident's Phone:            | _____ Resident's Email: _____ |

**Important!** Field staff can assist residents to fill this section if the Resident is unaware of any information requested but must not fill the form on resident's behalf.

## Section 2 – Payor Information – Individual whose account will be used for payments.

Ideally the Resident and Payor should same, if not get a letter of authorization signed stating they agree to pay on behalf of the Resident.

|   |   |
|---|---|
| <b>PAYOR INFORMATION:</b> <i>(Please print clearly)</i>       |   |
| Name(s): _____<br><small>Authorized person on account</small> | _____ <small>If second person is required</small> |
| Address: _____  | City: _____                                       |
| Province: _____ Postal Code: _____                            | Phone: _____                                      |

**Section 3 – Payor Information** – This section needs to be clearly filled out with account details. If unsure of Resident handwritten form, please ask for a void check.

**NOTE:** This is not a credit card Authorization form, please ensure to use proper electronic transition details are added.



**PAYOR'S FINANCIAL INSTITUTION ACCOUNT INFORMATION** *(Please print clearly)*

Account Details: 1 \_\_\_\_\_  
Transit Number 2 \_\_\_\_\_  
Bank ID 3 \_\_\_\_\_  
Account Number

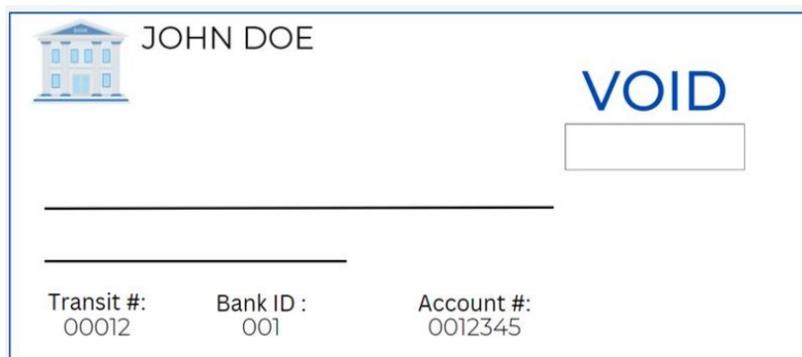
Payor Financial Institution: \_\_\_\_\_  
See attached cheque or form

First Payment date: 4 \_\_\_\_\_ (mm dd yyyy)

Avenue Living Communities is authorized to debit the bank account identified above for residential rent payment in the amount of \$ 5 \_\_\_\_\_ on the 1<sup>st</sup> of each month or the next business day.

**Important:**  
*\*Variable Amount of Payment: The above-mentioned payment amount is subject to changes in rent made to the Lease Agreement.*  
*\*PAD Category: The acceptable PAD category for Residential rent payment is Personal PAD*

1. **Transit Number:** This is a five-digit number that identifies your specific bank branch.
2. **Branch Number:** This is part of the transit number (three digits) and helps identify the branch where your account was opened.
3. **Account Number:** This is your unique bank account number (seven digits).
4. **First Payment date:** Carefully verify this date, if the form is submitted on or before 25th, the start date can be 1st of upcoming month, anything later than 25th of the month should have start date of the month following the upcoming one
5. **Amount:** Monthly rent payment (as per lease agreement)  
See an example below:



#### Section 4 – Payee Information – Avenue Living Information

For convenience, Payee information section is pre-populated. Please ensure Payor Signatures are captured correctly along with the date (see image below).

|                          |                                       |            |                       |
|--------------------------|---------------------------------------|------------|-----------------------|
| <b>PAYEE INFORMATION</b> |                                       |            |                       |
| Payee Name(s):           | <u>Avenue Living Communities Ltd.</u> |            |                       |
| Address:                 | <u>400 – 1201 Glenmore Trail SW</u>   | City:      | <u>Calgary</u>        |
| Postal Code:             | <u>T2V 4Y8</u>                        | Province:  | <u>Alberta</u>        |
|                          |                                       | Telephone: | <u>1-855-247-1492</u> |
| Payor's Signature:       | <u>X</u>                              |            | <u>X</u>              |
|                          | Date:                                 |            | Date:                 |

### Section 5: Terms and Conditions

These terms and conditions page must be signed Payor/Account holder(s) to ensure that payor understands and comply with rules and regulations.



**PAYOR'S P.A.D. AGREEMENT**  
Personal Pre-Authorized Debit Plan  
Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal or commercial purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. This P.A.D. Agreement is to remain in effect until the Payee has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided in the Agreement. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca).
4. I agree that my Financial Institution is not required to verify that any Personal or Business PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal or Business PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6.
  - a. I understand that with respect to:
    - i. variable amount PADs, no written notice of the amount to be debited (the "Payment Amount") or the date(s) on which the Payment Amount debited will be posted to my Account (the "Payment Date", is required. As well, no notice is required when there is a change in the Payment Amount or the Payment Date(s) negotiated between the Payee and myself; and
    - ii. with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine (such as, but not limited to, a telephone conversation) requesting the Payee to issue a PAD in full or partial payment of a billing which I have received for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.
7. The Payee may issue a PAD occurring on the 1<sup>st</sup> business day per month in a dollar amount as per the Lease Agreement with top-ups, adjustments, and/or increases permissible.
8. I certify that all information provided is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H 1.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association ("CPA") or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of the services described herein.
12. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).
13. I hereby consent to the collection, use, and disclosure of personal information contained in this form and otherwise collected by or on behalf of the Payee for the purposes of facilitating payments with your financial institution, for the purpose of enforcing the Payee's rights, and as otherwise provided in the Payee's privacy policy, a copy of which is available on request.
14. Applicable in the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

|                        |          |      |
|------------------------|----------|------|
| Name of Account Holder | <u>X</u> | Date |
| Signature              |          |      |
| Name of Account Holder | <u>X</u> | Date |
| Signature              |          |      |

