

ENROLLMENT/AUTHORIZATION FORM

CORPORATION: BERT F. GRANT MANAGEMENT LIMITED

FOR OFFICE USE ONLY	NEW	CHANGE
ADDRESS:	APARTMENT NO:	

Pre-Authorized Payment Authorization

Names(s) (Payor): _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Email : _____

I/We authorize Bert F. Grant Management Limited to process a debit, in paper, electronic or other form in the amount of rent, parking and other charges under the tenancy on my/our account on the 1st day of each month commencing _____ 1st, 20 _____ as detailed to me/us on a statement/notice mailed to me/us from time to time.

This authorization, unless previously revoked, shall also apply to any renewal of my/our tenancy agreement or any increase thereof.

If for any reason a withdrawal for payment is not honoured, the payment for which it was drawn will be considered unpaid and subject to an administrative and processing fee.

(Name of Bank or Trust Co.) (Account Number)

I/We acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I/we have received a copy. _____ (initials)

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

PLEASE ATTACH A VOID CHEQUE HERE

NOTE: THIS FORM MUST BE RECEIVED AT OUR HEAD OFFICE BY THE 20TH OF THE CURRENT MONTH IN ORDER TO PROCESS FUTURE PAYMENTS COMMENCING THE 1ST DAY OF THE UPCOMING MONTH.

PRE-AUTHORIZED DEBIT (PAD) CANNOT PROCESS PAYMENTS FOR RENTAL ARREARS. IF YOU CANNOT ENSURE THAT YOUR FORM WILL REACH US BY THE CUT-OFF, PLEASE PROVIDE A CHEQUE/MONEY ORDER FOR THE UPCOMING MONTH AND YOUR PAD WILL BE ENTERED FOR THE FOLLOWING MONTH.

Terms and Conditions

I/We acknowledge that this Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of the Processing Institution agreeing to process debts against my account in accordance with the Rules of the Canadian Payments Association.

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

This Authorization may be cancelled at any time upon notice by Payor. I/We acknowledge that, in order to revoke this Authorization, I/we must provide written notice of revocation to Payee.

I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by Payor to the Processing Institution. Any delivery of this Authorization to you constitutes delivery by Payor.

I/We undertake to inform Payee, in writing, of any change in the account information provided in this Authorization prior to the next due date of the PAD.

I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on Payor account.

Revocation of this Authorization does not terminate any contract for goods and services that exists between Payor and Payee. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

1. the PAD was not drawn in accordance with the Payor's Authorization; or
2. the Authorization was revoked; or
3. pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after 90 calendar days.

This PAD is a Personal PAD for rent, parking and other charges under the tenancy.

I/We have certain recourse rights if any debit does not comply with this PAD agreement. For example, I/ we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

The Payor may revoke this Authorization at any time, subject to providing 15 calendar days prior notice. The Payor may obtain a simple cancellation form, or further information on their right to cancel this PAD at their financial institution, or by visiting www.cdnpay.ca.

The Payor may contact the Payee to make inquiries, obtain information or seek recourse with respect to any PAD issued by the Payee at the following address:

Bert F. Grant Management Limited

1135 Leslie Street
Don Mills, Ontario
M3C 2K7

Tel: (416) 444-6633
Fax: (416) 444-4230
Email: lawrence@crestview.ca