

Pre-authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name: _____

Street Address & Apt#: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____

2. Bank Account Information

Deposit Account Number: _____

Branch Transit Number: _____

Financial Institution Number: _____

Chequing Account: Savings Account:

Financial Institution: Name _____

Branch Address _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize Twin City Management Limited to debit the bank account identified above for the monthly rental amount on the first day of each month.

Start date for this Pre Authorized Debit Form to Begin: _____

These services are for (*check one*): Personal Business use.

You the Payor may revoke your authorization at any time, subject to providing 30 days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

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.

When the form is complete, mail or fax to:

Twin City Management Limited
19 A Pettipas Drive,
Dartmouth, NS B3B 1K1
902-468-9830 (phone)
902-468-5329 (fax)