

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT- RESIDENTIAL RENTAL

To: Dorset Realty Group, **ITF** (the “Payee”) – Agent for the Landlord [as defined in the Lease Agreement].

This authorization is provided for the benefit of the Payee and its Financial Institution and for the purpose of withdrawing payments directly from the authorizer(s)’ chosen bank account. Please return the completed and signed form with a VOID Cheque to Dorset Realty Group via email at General@dorsetrealty.com or to the assigned Property Manager *no later than the 15th day of the month prior to the effective date.*

1. CUSTOMER/ ACCOUNT HOLDER(S) (the “Payor”) - PAYOR INFORMATION (Please Print Clearly)			
Tenant Name:			
Rental Property Address:			
Building Name:			
Email Address:			
Monthly Amounts:	Rent \$	Storage \$	Parking \$
Effective Date (MM/DD/YY):			
One-time Authorization:	Amount \$	Purpose(s):	

2. BANK ACCOUNT INFORMATION
*Only Chequing Account is accepted. Please ensure the account provided is not a Savings Account or Line of Credit.

ATTACH IMAGE OF VOID CHEQUE		
*A scanned copy of a VOID cheque can be included in the .pdf file as supporting document or You may fill out the Chequing Account Information below.		
Financial Institution Number:	Branch Transit Number:	Deposit Chequing Account No.
Name of Financial Institution:		
Branch Address:		

3. PRE-AUTHORIZED DEBIT (PAD) - PAYEE INFORMATION			
Company Name:	Dorset Realty Group, ITF		
Mailing Address:	c/o Dorset Realty Group Canada Ltd., #230-10451 Shellbridge Way, Richmond, BC V6X 2W8		
Telephone Number:	604-270-1711	Email Address:	General@dorsetrealty.com

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT- RESIDENTIAL

Terms and Conditions:

Account Information: The Payor's bank account from which the Payee is authorized to withdraw is indicated above. A specimen cheque for the Payor's account has been marked "VOID" and is attached to this agreement.

Accuracy and Changes in Account Information: By signing this agreement, I/We certify that all information contained herein is accurate. I/We hereby agree to immediately inform the Payee, in writing, of any changes to the Payor's account no later than 15 calendar days prior to the next PAD withdrawal due date. I/We understand that **[Dorset Realty Group/the Payee]** is authorized to charge me/us \$25.00 plus applicable taxes for each change of banking information due to inaccuracy or any other reasons and/or re-enrollment subsequent to the initial enrollment of the PAD pertaining to the above-noted rental property address. There will be no fees for initial enrollment to or permanent termination of the PAD.

Valid Signing Authority: I/We confirm that all persons/account holders whose signatures are required for the Payor's bank account have signed this agreement.

Authority to Debit Account: I/We hereby authorize the Payee to withdraw from the Payor's bank account, for the following purposes:

- Monthly Rent
- Parking
- Storage
- Other One-time Authorization (Note Purpose & Amount): _____

Category, Frequency, and Amount of Debits: This PAD is for *monthly* withdrawals in the amount noted on page 1, unless specified otherwise, subject to changes in accordance with the Lease/Tenancy Agreement, subsequent addendums, Rent Increase Notice in accordance with the Residential Tenancy Act of BC or other agreements between the parties. The withdrawals will take place on the first day of each month, as of the effective date per previously noted and also as outlined in future Rent Increase Notices (if any).

Irregular PADs: If this agreement is for irregular or sporadic payments, the Payee must obtain specific authorization, in writing, from the Payor for each PAD withdrawal.

One-Time PADs: If this is a one-time PAD, this agreement will no longer be valid once such one-time authorized transaction has been fulfilled.

Failed PADs: I/We acknowledge that an NSF administration fee may be applied to my/our account should a PAD be failed due to insufficient funds, funds not cleared, account closure, or a frozen account etc. It is my/our full responsibility to ensure the above indicated account is active and has a sufficient balance to cover the PAD(s).

Validation by Processing Financial Institutions: I/We acknowledge that my/our Financial Institution indicated above will not or require any other party to verify that the approved purpose of a PAD withdrawal has been fulfilled by the Payee. Furthermore, the verification that a PAD withdrawal has indeed been completed in accordance with the particulars of this Agreement *will not* be used as a condition to honoring such PAD withdrawal by my/our Financial Institution.

Recourse/Reimbursement: It is understood that I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on the recourse rights, I/we agree to contact my/our Financial Institution or visit www.payments.ca.

Our Rights of Dispute: It is understood that I/We may dispute a Pre-Authorized Debit in accordance with Payments Canada Rules under following conditions:

- (1) The PAD was not drawn in accordance with this agreement; or

(2) This agreement was revoked.

In order to be reimbursed, I/We acknowledge that a written declaration to the effect that either (1) or (2) above took place, must be completed and presented to my/our branch of the above-noted Financial Institution within and no later than 10 calendar days after the date on which the disputed PAD was posted to the provided bank account. I/We acknowledge that any claims made after 10 business days or for any reason other than the above, is a matter to be resolved solely between the Payor and Payee.

Acceptance of Delivery of Authorization: I/We acknowledge that provision and delivery of this agreement to the Payee constitutes delivery by me/us to my/our Financial Institution. Any delivery of the agreement to the Payee constitutes delivery by the Payor.

Cancellation of Agreement: This agreement may be cancelled by me/us at any time by notifying the Payee at least 15 days prior to the next scheduled PAD withdrawal is. It is understood that I/We may obtain a sample cancellation form, or future information on my/our right to cancel a PAD Agreement from my/our Financial Institution or by visiting www.payments.ca. Upon cancellation, the Payee may cease issuing PADs either in accordance with the terms of this agreement or in accordance with Rule H1, Payments Canada. Note: One-Time Payor's PAD Agreements only permit a single PAD.

Contract for Goods or Services: Revocation of this agreement does not terminate any contract for goods or services that exists between the Payee and the Payor. This Agreement only applies to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

Confirmation of Pre-Notification Waiver: I/We agree to waive all pre-notifications, including pre-notifications referred to in the Payments Canada Rules, and to reduce the Confirmation period for Electronic Agreements subject to verification, to three (3) calendar days. I/We acknowledge that prior notice debits, including changes in amounts, is not required where I/we provide instructions for the debits.

Pre-Authorized Debit (PAD) Agreement: It is understood that the Payee will notify the Payor of the full details of any assignment of this Agreement, including the identification and contact information of the assignee.

Disclosure of Information Consent: I/We understand and agree to the entirety of this PAD Agreement and to the disclosure and use of any confidential information to my/our financial institutions and to any third parties as required to process the PAD in accordance with Payments Canada Rules.

Undersigned Acceptance: I/We understand and accept the terms hereof and acknowledge and agree to participate in the PAD agreement with the Payee as set out herein.

It is the express wish of the parties that this Agreement and any related documents be drawn up in English and may be executed electronically or physically.

Name:

Name:

Name:

Signature: _____

Signature: _____

Signature: _____

Date:

Date:

Date: