



A.S.H. MANAGEMENT GROUP INC.

233 PORTAGE AVENUE, SUITE 100, WINNIPEG, MB R3B 2A7 / TELEPHONE (204) 982-7973 FAX NO. (204) 956-5262

956-5262

WEBSITE: www.ashmanagementgroup.com

PRE-AUTHORIZED DEBIT AUTHORIZATION

I/We, _____ hereby authorize **A.S.H. Management Group Inc. ITF** _____ to issue Pre-Authorized Debits ("PAD") drawn on my/our bank account (as referred to below), for monthly rental payments during my/our tenancy at Suite _____.
(Building Name)

I/We acknowledge and agree that the total monthly rent for the aforementioned premise is currently \$ _____, and do hereby authorize **A.S.H. Management Group Inc. ITF** _____ to issue a PAD in that amount on or about the first business day of each month.

Your signed Lease, Lease Renewal or Notice of Rent Increase will constitute notice that your PAD amount will change (in accordance with the PAD rules H1 Clause 16 E).

I/We understand that I/we and/or A.S.H. Management Group Inc. may cancel this authorization at any time by providing 30 days written 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.

I/We understand that should any of the information provided below change, that I/We must submit a written notice of change using the "AMENDED PRE-AUTHORIZED DEBIT AUTHORIZATION" form, within 15 days preceding my/our next PAD payment

I/We acknowledge and agree that payments will be debited from my/our account commencing _____ and that this document must be submitted to A.S.H. Management Group Inc. prior to the 15th day of the month, preceding my/our first PAD payment.

I/We understand that I/We are to keep a copy of the this completed PAD Application Form and that this copy shall constitute the CONFIRMATION NOTICE that A.S.H. Management Group Inc. ITF _____ is accepting said application.

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

When the form is complete, mail, drop off or fax to: A.S.H. Management Group Inc.
100 - 233 Portage Avenue, Winnipeg, MB R3B 2A7
Tel: (204)982-7973 Fax: (204)956-5262

I have post dated cheques on file, please return upon receipt of this Authorization form.