

**Pre- Authorized Debits (PADs)
Payor's PAD Agreement – Mandatory and Supplementary Elements**

BlueStone Properties Inc.

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize BlueStone Properties Inc., and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our BlueStone Properties Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. BlueStone Properties Inc. will provide ten (10) days written notice of the amount of each regular debit. BlueStone Properties Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until BlueStone Properties Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. 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.cndpay.ca.

BlueStone Properties Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____ Unit / Suite / Parking Card #: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (Bank): _____

Bank Account Number: _____ Transit Number: _____ - _____

(branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____ Date: _____

BlueStone Properties Inc.
130 Dufferin Avenue, Suite 105
London, Ontario N6A 5R2
Tel: 519-433-0391 Fax: 519-433-8760

PLEASE NOTE: A **VOIDED CHEQUE** MUST BE INCLUDED WITH THIS REQUEST