

Pre-Authorized Debit Agreement

- 1) I (We) authorize Group II Investments Inc. to debit my (our) account at the financial institution noted below, and to credit Group II Investments Inc. in the amount and frequency also set out below and according to the terms and conditions of this authorization.
- 2) I (We) agree that the issue of each Pre-Authorized Debit by Group II Investments Inc. pursuant to this authorization shall be acted upon in the same manner as though it were a written direction signed by me (us).
- 3) This authorization is to remain in effect until Group II Investments Inc. has received written notice from me (us) to its change or termination. This notification must be received at least ten (10) business days before the next scheduled due date by Group II Investments Inc. at the address shown below. I (We) may obtain a cancellation form from Group II Investments Inc. or the Resident Manager.
- 4) I (we) authorize Group II Investments to automatically adjust the amount debited from my (our) account annually to correspond to the amount on my (our) signed annual Lease Renewal and the amount permitted by the Residential Tenancies Branch.
- 5) Group II Investments 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) business days prior written notice to me (us).
- 6) 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.
- 7) I (We) hereby acknowledge the terms and conditions as contained herein, and warrant that all persons whose signatures are required to sign on my (our) bank account have signed below.

Date: _____

Tenant Name(s): _____

Suite Address: _____

Financial Institution: _____

Amount: _____

Frequency: Monthly

Start Date: 1st day of _____, 20__

Purpose Description: Rent Payments

****PLEASE ATTACH A VOID CHEQUE OR A FORM FROM YOUR BANK LISTING THEIR ROUTING AND TRANSIT NUMBERS AND YOUR FULL ACCOUNT NUMBER****

Signature of Applicant

Signature of Applicant