IMPERIAL PROPERTIES.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Your Information (Please Print Clearly)

Full Name: ☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr. _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home _____ Cell _____ E-mail _____

Bank Account Information:

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐ Branch Transit Number ☐☐☐☐☐

Financial Institution Number ☐☐☐ Checking Account: ☐ Savings Account: ☐

Financial Institution:

Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details:

You, the Payor, authorize Imperial Properties Corp. to debit the bank account identified above for all payments payable to:

Name of Property: _____

Property Address _____ Unit _____

Payment commences of the first banking day of _____, 20_____

These Services are for (check one) Personal: ☐ Business: ☐

You, the Payor, may revoke your authorization at any time (in writing or by phone) subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel PAD agreement, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder: **Signature of Joint Account Holder (if applicable):**

Name: (print) _____ Name: (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

MAIL TO: IMPERIAL PROPERTIES CORP. | 202-83 SHERBROOK STREET, WINNIPEG MB R3C 2B2
FAX TO: WINNIPEG (204) 272-8798 | REGINA (306) 993-2439 **EMAIL TO:** SERVICE@IMPERIALPROPERTIES.CA