

### 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 on 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](http://www.cdnpay.ca)

### Signature of Account Holder:

Name: (print) \_\_\_\_\_

Date: \_\_\_\_\_

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

Name: (print) \_\_\_\_\_

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](http://www.cdnpay.ca)