

**CA Realty Ltd dba Creighton and Associates Realty
PRE-AUTHORIZED PAYMENT PLAN
for the Rental Property at**

Suite _____ Street _____ City _____ Postal Code _____

The undersigned hereby authorize(s) **CA REALTY LTD dba CREIGHTON AND ASSOCIATES REALTY, as agent** to draw cheques or prepare debits, by paper or electronic entry, covering payments due by the undersigned for the rental property addressed referred to above:

Rent _____ in the amount of \$ _____
 Parking _____ in the amount of \$ _____
 Other _____ in the amount of \$ _____
TOTAL = \$ _____

I agree this amount may be increased in the event of an increase in rent though only if formal written notification has been sent by Creighton and Associates Realty and such notice complies as well with the requirements of the Residential Tenancy Act with regards to notice requirements for any increase in rent

Monthly debits to commence the 1st day of _____, 2011.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	FIRST NAME	INITIALS	FAMILY NAME
<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.			
ADDRESS		CITY	PROVINCE	POSTAL CODE

The undernoted financial institution is hereby authorized to pay and debit the account of the undersigned.

NAME OF FINANCIAL INSTITUTION	ADDRESS	CITY	PROVINCE
BRANCH	TYPE OF ACCOUNT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> CHEQUING	ACCOUNT NO.	

- All amounts payable to **CA REALTY LTD. dba CREIGHTON AND ASSOCIATES REALTY, as agent**, drawn on or directed to you by a chartered bank on behalf of the owner of the rental property.
- Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
- This authorization may be cancelled at any time upon written notice.
- Any delivery of this authorization to you constitutes delivery by the undersigned.
- I will inform the Payee, in writing, of any change in the account information provided in the Authorization prior to the next due date of the Pre-Authorized Debit.
- I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Authorization.

DATE _____

SIGNATURE (as you sign your cheque) _____

NOTE: To ensure accuracy, please enclose a specimen cheque marked "VOID".

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

**PLEASE ATTACH A SAMPLE CHEQUE MARKED
"VOID"**