

Canmore Office
 Phone: (403) 678 3000
 Fax: (403) 678 0039

Calgary Office
 Phone: (403) 290 1912
 Fax: (403) 246 7998

Edmonton Office
 Phone: (780) 455 2211
 Fax: (780) 455 6113

PRE-AUTHORIZED DEBIT (ELECTRONIC FUND TRANSFER) AUTHORIZATION FORM

Condominium Name _____	CCN# _____
Unit Number _____ Condominium Address _____	
City _____	Province _____ Postal Code _____

OWNER INFORMATION:	<input type="checkbox"/> New Owner
Name: _____	<input type="checkbox"/> Change of Bank Account
Address: _____	<input type="checkbox"/> Currently paying by cheque Set me up on PAD instead
City: _____ Prov.: _____	Postal Code _____
Phone No.: _____	Email _____

ALTERNATIVE PERSON ON PAD (OTHER THAN THE LEGAL OWNER OF THE UNIT):	
Name _____	Telephone: _____
Address: _____	

Bank Account Information:	Bank Name _____	Phone: _____
Branch Address: _____	City: _____	Prov: _____ Postal Code _____
Branch Transit No. _____	Institution No. _____	Account Number: _____
Personal <input type="checkbox"/> Business <input type="checkbox"/>	Payment Start Date: _____ (first day of the month)	
**** A VOID CHEQUE MUST BE ATTACHED		

I/We the applicant(s) authorize my/our above named bank to debit my/our account for the regular monthly rental and/or one time payments as determined from time to time. Payments are due the first (1st) day of every month as payment for the rent due on the unit noted above.

I/We acknowledge the right for Asset West Property Management Ltd. to cancel my/our participation in the payment plan if any payments are not honored by the participant(s) bank, and there will be a \$75.00 Service Charge for each payment denial (regardless of reason).

I/We acknowledge that if this fee should change at any time, the direct debit will also change accordingly. Asset West Property Management Ltd. will advise the participant(s) or the revised amount as per the Residential Tenancies Act of the Province of Alberta.

I/We acknowledge that should my/our account or financial institution change that i/we will advise Asset West Property Management Ltd. in writing of the changes at least fourteen (14) days before payment is due.

Your treatment of each payment shall be the same as if I/we have personally issued a cheque authorizing you to debit indicated the amount specified to my/our account.

I/We acknowledge that all arrears will be collected as they become outstanding, including any and all late/NSF/stop payment charges.

This authorization may be cancelled at any time upon written notice to Asset West Property Management Ltd., with a minimum fourteen (14) days advance notice.

Any delivery of this authorization to Asset West Property Management Ltd. Constitutes delivery by me/us.

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.

Date _____

Signature _____

Signature _____