



P E N I N S U L A

R E A L T Y

3300480 Nova Scotia Limited
1791 Barrington Street, Suite 1805
Halifax, NS B3J3K9

1. Customer Information (please print clearly)

Name: _____

Mailing Address: _____

City/Province: _____

Postal Code: _____

Contact number: _____

E-mail: _____

2. Banking Information

Financial Institution Name: _____

Financial Institution Brand Address: _____

Financial Institution Number (3 Digits): _____

Deposit Account Number: _____

Branch Transit Number: _____

Chequing Account

Savings Account

3. Pre-Authorized Debit (PAD) Details

I _____ authorize Peninsula Realty and the financial institution designated to debit the bank account identified above of regular recurring monthly payments. Regular monthly

payments of \$_____ will be debited on the 1st of each month starting on _____ and is to remain in effect until _____.

I/we have certain recourse rights if any payment does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our resource rights, I/we may contact my/our financial institution or visit www.payments.ca.

I _____ can revoke my authorization at any time subject to providing 30 days written notice to Peninsula Realty.

Name of Act. Holder
(please print)

Signature of Account Holder

Date

Name of Joint Act. Holder
(please print)

Signature of Joint Act. Holder
(if applicable)

Date