515 STE CATHERINE STREET WEST
RUE STE CATHERINE OUEST

Resident Pre-Authorized Payment (PAD) Agreement

1. Customer Information (please print clearly)

Name: 515 Ste Catherine West Inc.

515 Ste Catherine West Inc Account Number: 00082-010-17-79915

Street Address: 1430, rue City Councillors

City: Montreal **Province:** Québec **Postal Code:** H3B 1B4

Telephone Number: 514-844-0999

2. Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐

Bank Transit Number: ☐☐☐☐☐

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

Financial Institution: **Name:** _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the payor, authorizes 515 Ste Catherine West Inc to debit the bank account identified above for $_____ on the 1st of every month or the next business day, commencing on _____20__ and ending on _____20__. If funds are unavailable, the transaction will be re-attempted automatically after 4 or 5 business days.

These services are for personal use (rent payment).

You, the Payor, may revoke you authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution of visit **www.cdnpay.ca.**

Signature of Account Holder:

_____

Name: _____

Date: _____

Signature of Joint Account Holder (if Applicable)

_____

Name: _____

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.**

When this form is complete please fax to **514-844-1934** or scan and email to **info@515stecatherine.com.**
Please include a check specimen or equivalent with this form.