



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This service is for: Individual PAD Business PAD (please check)

PERSONAL INFORMATION

Name of Tenant(s)

Address Unit City Province Postal code

Telephone Number Email Address

BANK ACCOUNT INFORMATION

Void cheque attached. Name on cheque must match the name on the Tenancy Agreement. If someone other than the tenant is making the payment, please complete below information.

Name Relationship to Tenant

Address Telephone Number

AUTHORIZATION

I/We authorize **Aston Property Management Ltd.** and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments for payment of **monthly rent** arising under my/our **Aston Property Management Ltd.** account(s). Regular monthly payments for the full amount of **rent** as per my lease agreement in the amount of \$_____ will be debited from my/our specified bank account on the **1st day** of each month.

This authority is to remain in effect until **Aston Property Management Ltd.** has received written notification from me/us of its termination. This termination must be received **15 days** before the next debit is scheduled by email or by mail. I/We may obtain a cancellation form from the

“Forms “ page at www.astonpropertymanagement.com or from another source of your choosing.

In the case of **rent increases**, **Aston Property Management Ltd.** will provide 3 months written notice prior to any changes in the rent.

I/We understand that an NSF administration fee of \$20 will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PAD's.

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

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

Date

Date

Please Email or mail **completed document** and **void cheque** to:

Aston Property Management Ltd.
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