

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PERSONAL INFORMATION

Effective Date: _____

Name of Owner(s)		Strata Plan	Strata Lot
Address of Strata Lot including unit number		City	Province
Mailing Address (If different from above)		City	Province
Phone Number (Res.)		(Bus.)	(Cell)
		Email Address	

BANK INFORMATION – Please choose one of the following:

- Void cheque attached – name(s) on cheque must match name(s) of the legal owner(s) on title. If someone other than the legal owner(s) is making the payment, please complete below information.

Name	Relation to Applicant
Address	Phone Number

ATTACH

VOID CHEQUE HERE

- Or, if your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment or attach direct deposit form from your financial institution

Financial Institution Number:

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Branch Transit Number:

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Deposit Account Number:

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Chequing Account _____ Savings Account _____ (Please check)

Name of Financial Institution

Branch Address

AUTHORIZATION

By signing this authorization, I/We acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit Agreement, a copy of which has been provided to and retained by me/us.

Date

Signature of payer(s)

When the form is complete, mail, or email to: admin@houghtonrealty.ca

PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 15TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. Since the PAD program is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement OR send an e-mail authorizing our office to do a one time sporadic "catchup" payment.