

ATTACHÉ - TMS ASSOCIATES

Residential Property Management Services

561766 Ontario Inc.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize 1067132 Ontario Inc., 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 rental payments for payment of my/our fixed monthly rent under my/our residential tenancy agreement with the landlords agent 561766 Ontario Inc. Regular monthly payments for the full amount of rent will be debited to my/our specified account on the 1st day of each month or next business day of the month. 561766 Ontario Inc. will provide 60 days written notice of the amount of any increase to my/our fixed regular debit.

This authority is to remain in effect until 1067132 Ontario Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

1067132 Ontario Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

PLEASE PRINT

DATE: _____

Name(s): _____ Property Id Number: _____
Type of Service: Personal Business

Address _____
City _____ Province _____ Postal Code _____
Phone Number: (Bus.) _____ (Res.) _____

Banking Information

Financial Institution (FI): _____
FI Account Number _____ FI Transit Number: _____
(branch -- 5 digits; FI - 3 digits)

FI Address _____
City _____ Province _____ Postal Code _____

Authorized Signature(s): _____

Attaché-TMS Associates
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