atira
PROPERTY MANAGEMENT

Pre-Authorized Debit (PAD) Agreement

Confidential

405 Powell St. - Vancouver, BC - V6A 1G7 - Phone: 604 439 8848 - Fax: 604 439 8804
#1 - 2970 King George Blvd - Surrey, BC - V4P 0E6 - Phone: 604 535 8080 - Fax: 604 535 1767
E-Mail: info@atira.ca - Website: www.atira.ca

1 - Payor Information (Please print clearly)

NAME FAMILY NAME, THEN ALL GIVEN NAMES *OR* LEGAL NAME OF COMPANY	TELEPHONE NUMBER
MAILING ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE	
PROPERTY NAME	UNIT NUMBER

2 - Bank Account Information

NAME OF FINANCIAL INSTITUTION	BRANCH ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE

Debit amount:	$.	**Start date:**	MONTH DAY YEAR	**End date:**	MONTH DAY YEAR

BANK ACCOUNT TRANSIT # INSTITUTION # ACCOUNT #	Chequing ( )	Savings ( )

3 - Payee Information (Office use only)

NAME OF FINANCIAL INSTITUTION	BRANCH ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE

BANK ACCOUNT TRANSIT # INSTITUTION # ACCOUNT #	Chequing ( )	Savings ( )

4 - Pre-Authorized Debit (PAD) Details

I/We authorize Atira Property Management Inc. in trust for _____ ("Atira Property Management 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 payments and/or one-time payments from time to time, for payment of all charges arising under my/our Atira Property Management Inc. account(s). Regular monthly payments for the full amount of funds due will be debited to my/our specified account on the _____ day of each month.

The payment is for ( ) **rent** or ( ) **strata fees** or ( ) **property management services**, and is for ( ) **personal** or ( ) **business** purposes.

Atira Property Management Inc. will obtain my/our authorization for any other one-time or sporadic debits and provide me/us with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Atira Property Management Inc. has received written notification from me/us of its change or termination. This notification must be received at least 30 calendar 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 .

In the case of variable amount PADs, Atira Property Management Inc. will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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 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.

Signed and dated at:	CITY	PROVINCE
BANK ACCOUNT HOLDER (OR AUTHORIZED REPRESENTITIVE IF A COMPANY) FAMILY NAME ALL GIVEN NAMES	SIGNATURE	DATE / / DAY MONTH YEAR
JOINT BANK ACCOUNT HOLDER (IF APPLICABLE) FAMILY NAME ALL GIVEN NAMES	SIGNATURE	DATE / / DAY MONTH YEAR

When completed, please send this form to:

Atira Property Management Inc.
405 Powell St.
Vancouver, BC V6A 1G7

OR

Atira Property Management Inc.
#1 - 2970 King George Blvd.
Surrey, BC V4P 0E6

info@atira.ca