

START PRE-AUTHORIZED DEBIT



LANDLORD
c/o MetCap Living Management Inc.
260 Richmond Street, East, Suite 300
Tel: (416) 340-1600 Email: e-revenue@metcap.com
www.metcap.com

1. Customer Information (Please print clearly)

Name: (Payor)

Building Address:

Suite#:

Province:

Postal Code:

Telephone#:

Current Monthly Rent: (Including parking, if applicable)

2. Bank Account Information (Attach void cheque or bank form)

Deposit Account #:

Branch Transit #:

Financial Institution #:

Chequing Account: Savings Account:

Financial Institution Name:

Branch Address:

3. Pre-Authorized Debit (PAD) Details

You, the payor, authorize the landlord or its agent to debit the bank account identified above for your monthly rent amount on the first (1st) business day of each month. You further authorize the landlord to adjust the amount withdrawn from your account automatically to reflect legal increases/decreases as set out by the landlord pursuant to written notification provided within the requirements of the rental legislation, unless otherwise noted in writing to the landlord fifteen (15) days prior to the next withdrawal.

You may revoke your authorization at any time, subject to providing at least fifteen (15) business days written notice before the next withdrawal date. The cancellation form can be obtained from your resident manager. Cancellation of this authorization does not terminate your lease. For further information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

In the event of any changes to your account information, you must provide written notice to the landlord at least fifteen (15) business days prior to your next withdrawal 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

These services are for: Personal Business Use

Name of Account Holder:

Name of Joint Account Holder (if applicable)

Signature

Signature

Date

Date