

Payor's Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Payor) (Please Print Clearly)

Name on the Account: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone Number: _____

2. Bank Account Information

Account Number _____

Branch Transit Number:

Financial Institution Number:

Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **Equium Group** to debit the bank account identified above for regular monthly Condo Fees or Rental Payments and/or one-time payments from time to time as determined by **Equium Group**. The one-time payments are to include any late condo fees and/or late rent fees and/or dishonored cheque fees.

You, the Payor, may revoke your authorization at any time subject to providing **Equium Group** a minimum of 5 business days written notice. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

These services are for:

Personal use

Business use

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

X _____

X _____

Name (Pls Print): _____

Name (Pls Print): _____

Date: _____

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, please email, mail or fax to:

Equium Group
Unit 850, 639 5th Ave SW
Calgary, Alberta
T2P 0M9
Tel: (403) 265-4431 Fax: (403) 240-0118
Email: contact@equium.ca

Please attach void cheque on the account to be debited