



RENTAL & STRATA MANAGEMENT  
REAL ESTATE SALES

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Widsten Property Management is pleased to offer our clients pre-authorized rent payments directly from their bank accounts.

This system can conveniently eliminate monthly visits to our office and keeping track of your post-dated cheques.

The following rules will apply to all pre-authorized payment transactions:

- Completed forms must be received by our office no later than **10** days prior to month end.
- All changes or cancellations must be made in writing **10** days prior to month end. No changes will be accepted by telephone.
- Multiple returned payments may lead to the cancellation of this service at the Landlord's discretion.
- It is the responsibility of the account holder to confirm cancellation of the preauthorized payment at the end of a tenancy.

Please contact our office with any questions about this service.

Thank you,

Widsten Property Management



**INSTRUCTIONS**

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA website. See CPA Rule 005, Standards for the Exchange of Financial Data on AFT Files (Section D, Appendix 2, Transaction Types).
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

**PAYOR/PAYEE INFORMATION (Mandatory)**

Account Holder Name(s) (the "Payor")	
Address (street, city, province, postal code)	
Email Address	Phone No.
Payee Name (the "Payee") <input type="checkbox"/> same as Payor	
Address (street, city, province, postal code) <b>WIDSTEN PROPERTY MANAGEMENT 100-319 SELBY STREET NANAIMO, BC V9R 2R4</b>	
Email Address	Phone No.

**PAYMENT DETAILS**  Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA Transaction Type Code	Payment Type (Choose one only)	Payor Financial Institution Name and Address (the "Processing Institution")
		<input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	
Amount of Payment	Dates		Payor Account (The Payor's account at the Processing Institution; the "Account".) Institution No.   Branch ID   Account No.
<input checked="" type="checkbox"/> Fixed \$ _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input checked="" type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other* _____		
<input type="checkbox"/> Variable (Maximum Amount): \$ _____	<input type="checkbox"/> Sporadic		Payee Account (Payee's account for credit — complete if known.) Institution No.   Branch ID   Account No.

\*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.

**AUTHORIZATION** (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

X  
Payor Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Payor Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER OF PRE-NOTIFICATION** (Does not apply to sporadic PADS.)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X  
Payor Signature \_\_\_\_\_

X  
Payor Signature \_\_\_\_\_

**CANCEL PAYMENT** (10 days notice is required before the next PAD will be issued. Cannot exceed 30 days.)

The Payor hereby cancels this Payor's PAD Agreement effective: \_\_\_\_\_

X  
Payor Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
Payor Signature \_\_\_\_\_ Date \_\_\_\_\_