

# PRE-AUTHORIZED DEBIT AGREEMENT

## 1. Customer Information (Please Print Clearly)

Name: \_\_\_\_\_  
Strata Corporation: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
These services are for (check one):  Personal  Business Use

## 2. Bank Account Information

**Please attach a void cheque here**

## 3. Pre-Authorized Debit (PAD) Details

You the Payor authorize CML Properties to debit the bank account identified above for \$ \_\_\_\_\_ on the 1<sup>st</sup> of every month or the next business day commencing \_\_\_\_\_.

**In the event that the amount of this PAD changes, we will send you a written notice identifying the new amount at least 5 days before the first PAD for that amount, with the exception of a reduction in the amount due to a change in tax rate.**

You the Payor may request to have the amount of this PAD changed either by phone or in writing subject to providing notice of 5 business days. Should you choose to request this change by phone, you'll be asked for a password for confirmation.

Password: \_\_\_\_\_

You the Payor may revoke your authorization at any time either by phone or in writing subject to providing notice of 5 business days. 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](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder

(if applicable):

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
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](http://www.cdnpay.ca).

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

CML Properties  
272 Lansdowne Street  
Kamloops, BC V2C 1X7  
Tel: 250-372-1232 Fax: 250-372-5363  
[info@cmlproperties.ca](mailto:info@cmlproperties.ca)

**This form must be received by our office at least 7 business days before the end of the month previous to your start date for processing.**