

# Splinter Family Rentals Co. Pre-Authorized Debit (PAD) Authorization Form

To: Splinter Family Rentals Co.

This Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). The CPA Rules may be viewed at [www.cdnpay.ca](http://www.cdnpay.ca)

## Instructions:

Please complete sections B and C to instruct your financial institution to make payments directly from your account. Return the signed, completed form with a blank cheque marked "VOID" to the Payee below.

## Section A – Payee Information

Company Name: Splinter Family Rentals Co.	
Address: 400-366 King Street East	City: Kingston
Province: Ontario	Postal Code: K7K 6Y3
Telephone: (613) 546-3400	Fax: (613) 546-4213

## Section B – Account Holder Information

Name:	
Address:	City:
Province:	Postal Code:
Telephone:	Account #:
Institution #:	Branch Transit #:

## Section C – Financial Institution

Bank Name:	
Address:	City:
Province:	Postal Code:
Telephone:	Fax:

**Account information:** The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

**Accuracy and changes in account information:** By signing this authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

**Valid signing authority:** We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority to debit account:** We hereby authorize the Payee to draw on our account indicated above with our financial institution, for the purpose of rental payments in accordance with the terms of our residential rental lease agreement.

**Frequency and amount of debits:** A debit in electronic form in the amount of \$ \_\_\_\_\_ (insert monthly rental amount) may be drawn on our account monthly, on the 1<sup>st</sup> day of each month, beginning \_\_\_\_\_. Should a PAD result in non-sufficient funds, an NSF fee of \$25 will be added to the monthly rental amount shown and the Payee will process a second PAD no later than the 10<sup>th</sup> day of the month.

**Validation by processing financial institution:** We acknowledge our financial institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

**Our rights of dispute:** We may dispute a PAD in accordance with the CPA rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place must be completed and presented to our branch of our financial institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days for any reason other than those above is a matter to be resolved solely between the Payee and ourselves.

**Acceptance of delivery of authorization:** We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this Authorization to you constitutes delivery by us.

**Cancellation of arrangement:** This Authorization may be cancelled at any time upon notice to us by the Payee at least 10 days prior to the PAD being issued.

**Pre-notification waiver:** We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to PAD as set out in the Rules.

**Lease agreement:** Revocation of this Authorization does not terminate the lease agreement that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the lease agreement.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized signatory

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Authorized signatory

\_\_\_\_\_  
Name (please print)