

### **PRE-AUTHORIZED PAYMENT PLAN**

Completion of this form authorizes Krown Property Management to deduct monthly rental payments from my bank account in the amount of \_\_\_\_\_ beginning on \_\_\_\_\_

\_\_\_\_\_  
First Name Initial Last Name

\_\_\_\_\_  
Street Address Unit

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
***Name of Financial Institution***

\_\_\_\_\_  
Address City Province

\_\_\_\_\_  
Branch # Institution # Account #

Type of Account (Please circle only one): Chequing Savings

Please include a copy of a "VOID" cheque to ensure accuracy.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

This authorization can be cancelled at any time upon 15 days written notice.