

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Customer Information (Please Print Clearly)

Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone No.: _____

Bank Account Information

Account Number: _____ Branch Transit No#:

Bank No#: Chequing Account: Savings Account:

Bank Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details

You authorize Pacific Sands & Martello Tower Partnership, Doing Business as 1215 Apartments to debit the bank account identified above for residential rent payment in the amount of \$_____ on the 1st of each month.

You make revoke your authorization at any time in writing subject to providing notice of 30 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.

Signature of Account Holder:

Signature of Joint Account Holder:

Name: _____
(print name)

Name: _____
(print name)

Date: _____

Date: _____

You have certain recourse rights, to obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Please submit complete form by email or drop off to Leasing Office:

1215 Rental Apts., 1215 – 5th Street SW, Calgary, AB T2R 0Y6. Phone# 587-575-1215 / 587-576-1215.
email: info@1215.ca website: www.1215.ca.

PLEASE ATTACH A VOID CHEQUE ON THE ACCOUNT TO BE DEBITED

