



Pre-Authorized Debit (PAD) Agreement

Confidential

405 Powell St. - Vancouver, BC - V6A 1G7 - Phone: 604 439 8848 - Fax: 604 439 8804
 15210 North Bluff Rd. Unit 204 - White Rock, BC - V4B 3E6 - Phone: 604 531 9100 - Fax: 604 531 9145
 E-Mail: info@atira.ca - Website: www.atira.ca

1 - Payor Information (Please print clearly)	
NAME FAMILY NAME, THEN ALL GIVEN NAMES OR LEGAL NAME OF COMPANY	TELEPHONE NUMBER
MAILING ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE	
PROPERTY NAME	UNIT NUMBER

2 - Bank Account Information	
NAME OF FINANCIAL INSTITUTION	BRANCH ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE
Debit amount: \$.	Start date: MONTH DAY YEAR End date: MONTH DAY YEAR
BANK ACCOUNT TRANSIT # INSTITUTION # ACCOUNT #	Chequing () Savings ()

3 - Payee Information (Office use only)	
NAME OF FINANCIAL INSTITUTION	BRANCH ADDRESS STREET ADDRESS CITY PROVINCE POSTAL CODE
BANK ACCOUNT TRANSIT # INSTITUTION # ACCOUNT #	Chequing () Savings ()

4 - Pre-Authorized Debit (PAD) Details
I/We authorize Atira Property Management Inc. in trust for _____ ("Atira Property Management Inc.") and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Atira Property Management Inc. account(s). Regular monthly payments for the full amount of funds due will be debited to my/our specified account on the _____ day of each month. The payment is for () rent or () strata fees or () property management services, and is for () personal or () business purposes. Atira Property Management Inc. will obtain my/our authorization for any other one-time or sporadic debits and provide me/us with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Atira Property Management Inc. has received written notification from me/us of its change or termination. This notification must be received at least 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnipay.ca . In the case of variable amount PADs, Atira Property Management Inc. will provide 10 days written notice prior to any changes in the fees and/or its schedule. 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 PAD that is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnipay.ca .

I/We understand and accept the terms of participating in this PAD plan.		
Signed and dated at:	CITY	PROVINCE
BANK ACCOUNT HOLDER (OR AUTHORIZED REPRESENTATIVE IF A COMPANY) FAMILY NAME ALL GIVEN NAMES	SIGNATURE	DATE DAY / MONTH / YEAR
JOINT BANK ACCOUNT HOLDER (IF APPLICABLE) FAMILY NAME ALL GIVEN NAMES	SIGNATURE	DATE DAY / MONTH / YEAR

When complete, please return this form to
Atira Property Management Inc.
 405 Powell St
 Vancouver BC V6A 1G7
 E-Mail: info@atira.ca
 Telephone: 604 439 8848