

## Pre-Authorized Debit Agreement

- 1) I (We) authorize Group II Investments Inc. to debit my (our) account at the financial institution noted below, and to credit Group II Investments Inc. in the amount and frequency also set out below and according to the terms and conditions of this authorization.
- 2) I (We) agree that the issue of each Pre-Authorized Debit by Group II Investments Inc. pursuant to this authorization shall be acted upon in the same manner as though it were a written direction signed by me (us).
- 3) This authorization is to remain in effect until Group II Investments Inc. has received written notice from me (us) to its change or termination. This notification must be received at least ten (10) business days before the next scheduled due date either by the Resident Manager or by Group II Investments Inc. at the address shown below. I (We) may obtain a cancellation form, or more information on my (our) right to cancel this PAD Agreement from Group II Investments Inc. or the Resident Manager.
- 4) Group II Investments Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notice to me (us).
- 5) 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 authorized or is not consistent with this PAD Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) own financial institution.
- 6) I (We) hereby acknowledge the terms and conditions as contained herein, and warrant that all persons whose signatures are required to sign on my (our) bank account have signed below.

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

Tenant Name(s): \_\_\_\_\_

Suite Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Frequency: Monthly

Start Date: 1<sup>st</sup> day of \_\_\_\_\_, 20\_\_

Purpose Description: Rent Payments

**\*\*PLEASE ATTACH A VOID CHEQUE OR A FORM FROM YOUR BANK LISTING THEIR ROUTING AND TRANSIT NUMBERS AND YOUR FULL ACCOUNT NUMBER\*\***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant