

Pre-Authorized Debit (PAD) Agreement

Building:	Suite:
New Tenant <input type="checkbox"/>	Existing tenant <input type="checkbox"/>
New Account <input type="checkbox"/>	New Amount <input type="checkbox"/>

To Leston Holdings (1980) Ltd. (the “payee”)

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”).

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. **Return the completed form with a blank cheque marked “VOID” to the Payee below.**

1. Customer (Account Holder) Information (Please Print Clearly)		
Name:		
Mailing Address:		
City: Edmonton	Province: AB	Postal Code: T5K 1X2
Telephone Number:		
2. Bank Account Information		
Account Number:		Branch Transit Number:
Name of Financial Institution:		
Financial Institution Number:		
Branch Address:		
3. Pre-Authorized Debit (PAD) Payee Details		
Company Name: Leston Holdings (1980) Ltd.		
Account Number:		
Mailing Address: #6, 10025– 117 St		
City: Edmonton	Province: Alberta	Postal Code: T5K 1W7
Telephone Number: 780-444-4579		Fax: 780-487-3956
Email Address: info@lestonholdings.com		

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. If such notification is not provided we understand that we may incur a payment penalty fee.

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 rent payments and associated fees (when applicable).

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$.00, may be drawn on our account monthly beginning the 1st day of , 2020. A monthly top-up of no more than \$250.00, may also be drawn (*provided that 10 days written notice is provided*) to allow for the payment of any fees or charges that may have been incurred (including but not limited to pet fees, late fees, utility charges and maintenance reimbursements). If payments are sporadic, we agree to cooperate with the Payee to pre-authorize the processing of each and every PAD against our account whether authorized verbally or electronically, by use of a password, secret code or other signature equivalent, as the parties shall constitute valid authorization.

Please sign the back page

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.

Resource/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive any reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca

Our Right of Dispute: We may dispute a Pre-Authorize Debit 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 a branch of our Financial Institution up to and including 10 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 10 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance and 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 Agreement: This authorization may be cancelled at any time upon notice by us to the Payee at least 30 days prior to the PAD being issued. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting www.cdnpay.ca

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CRA Rules to receive a written pre-notification prior to each PAD as set out on the Rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services 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 contract for goods or services exchanged.

We understand and agree to this personal 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 CRA Rules.

Dated this _____ day of _____, 2020.

Authorized Signature

Authorized Signature