DOMUS[®]INC.

EST. 2005

Pre-Authorized Debit Agreement (Payor's PAD Agreement)

Please fill out the following section with information for the RESIDENT + RENTAL PROPERTY to be DEBITED Resident Name: _____ Rental Address: _____ Unit: _____ Room: _____ Phone: ______ Cell: _____ Email: ______ Name of Financial Institution Being Debited: Name(s) of the Account Holders: Account Information: Institution Transit Account Please ensure to submit a direct deposit form OR void cheque from your bank with your PAD. Amount: _____ Timing: <u>First of the month</u> First Due Date: I/We authorize Domus Inc. (The Payee) (on behalf of the Landlord) to debit the bank account listed above for the amount listed above for the rent per my lease agreement ON THE FIRST OF EACH MONTH commencing on the first due date and continuing until the end of my lease term. You (The Payor) may cancel, suspend or modify your authorization in writing prior to the 20th of each month preceding the payment. To obtain a sample cancellation form, or more information on your right to cancel a PAD agreement, please contact your Financial Institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not consistent with this agreement. To obtain more information on your rights, contact your Financial Institution or visit www.cdnpay.ca. Date of Agreement: Signature of Account Holder: Signature of Joint Account Holders*: (only if applicable)

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