



Preauthorized Debit (PAD) Agreement

Tenant Information

Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Financial Institution

Name: _____ Branch: _____

Account Number: _____

Pre-Authorized Debit (PAD) Details

You the payor authorize **Anna Moore Realty Inc.** To debit the bank account identified above for \$_____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

You the payor may revoke your authorization at any time in writing (by letter or email) subject of 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.

Signature of Account Holder:

Name: _____

Date: _____

Signature of Joint Account Holder (if applicable)

Name: _____

Date: _____

You have a 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 authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution.

If you have any questions or concerns please contact: Anna Moore Realty Inc. 196 Blake Street L4m 1K3 Barrie Ontario 705 728 6496 amoore@amrpropertymanagement.com