

PRE-AUTHORIZED DEBIT (PAD) FORM

We acknowledge that 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.

Payee Information		
Company Name: Genesis Property Management Group Inc.		
Address: P.O. Box 155 RPO Corydon		
City: Winnipeg	Province: Manitoba	Postal Code: R3M 3S7
Telephone: (204) 619-2295	Fax:	

Account Holder Information		
Corporation Name (if applicable):		
Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax	
Account No.:	Institution No.:	Branch Transit No.:

These Services are for (check one) ☒ personal ☐ business use.

Financial Institution (Bank Details)		
Company Name:		
Address:		
City:	Province:	Postal Code:
Telephone	Fax	

Frequency and Amount of Debits: I/we authorize **Genesis Property Management Group 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 in the amount of \$ _____. This amount is subject to change according to the Tenancy Agreement and **Genesis Property Management Group Inc.** shall provide minimum 10 days notice of such change. Regular monthly payments will be debited from my/our specified account on the **1st day of each month** (or the next business day), beginning on _____ **1, 20** ____.

Accounts 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.

Change in Account Information: We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization, or a suspension or cancellation of the account, minimum 10 days prior to the next due date of the PAD. Failure to notify the Payee immediately of any change, suspension or cancellation is a breach of your mortgage agreement with the Payee.

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 following purposes:

- Regular Lease Payments

Please Initial _____

- NSF and administrative charges as applicable

Validation by Financial Institution: We acknowledge that our financial institution is not required to verify that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount.

Our Rights of Dispute: A Pre-Authorized Debit may be disputed by us under the following conditions:

1. the PAD was not drawn in accordance with our Authorization:
or
2. the Authorization was revoked and the Payee was duly advised in writing of revocation;
or
3. pre-notification was not received.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to our branch of our financial institution, in the case of a personal/household PAD, up to and including 90 business days after a date on which the PAD in dispute was posted to our account.

We acknowledge that a claim on the basis that our Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and ourselves when disputing any PAD after 90 business days in the case of a personal/household PAD.

Recourse Rights: We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on our recourse rights, we may contact our financial institution or visit www.cdnpay.ca.

Acceptance of 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 Arrangement: We acknowledge that we may revoke our authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

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

Validation by Processing Institution: We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on our account.

Contract for Goods or Services: Revocation of this authorization does not terminate any contract for goods or services that exists between us and the Payee. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

Dated this _____ day of _____, 20__.

Authorized Signatory

Name (please print)

Title (if applicable --- please print)

Authorized Signatory

Name (please print)

Title (if applicable -- please print)

Note: For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

Note: Please attach a specimen cheque marked "VOID"

Please Initial _____