



**PRE-AUTHORIZED DEBIT AGREEMENT
PAYOR'S PAD AGREEMENT**

1. Account holder name and account number (in print letters).
I certify that the following information is correct.

Title:	Name:	First name:
Street:		
City:	Postal code:	Phone number:

Name of the financial institution where the account is located		
Street:		
City:	Postal code:	Account number:

Withdrawal start date	Pre-authorized debits	Interval
/ /	\$	MONTHLY

I attach to this authorization ("authorization") a blank check marked "void".

I will inform the recipient in writing of any change of information contained in this section of the authorization before the next due date of the PAD.

2. Recipient information (in print letters)

Recipient name:		
Street:		
City:	Postal code:	Phone number:

3. I confirm that authorization is given to the beneficiary and the institution treatment, in return for which the latter agrees to charge debits from my / our above account ("Account") in accordance with the rules of the Canadian Payments Association.

4. I certify that all persons whose signatures are required to authorize withdrawals from the account have signed this authorization below.

5. I hereby authorize the recipient to issue pre-authorized debits, the first of each month (as defined in Rule 4H of the Canadian Payments Association) (the "DPA") drawn on the account for the following purposes:

Monthly rent payment

6. I retain the right to revoke my authorization with a reasonable notification to the beneficiary.
7. I confirm that the presentation and delivery of the authorization equivalent recipient upon delivery by me to the institution of treatment. The delivery of the authorization to the recipient by any method whatsoever constitutes delivery by me.
8. I agree that the information contained in the permit are necessary disclosed to the Royal Bank of Canada for performing any DPA.
9. I understand and accept the conditions of participation in the PAD plan.

Client signature
Authorized agent of _____

Recipient signature