

Pre-Authorized Debit Agreement



Resident Account #:	
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To: Cogir Management Corporation

(the Company)

1615 Dundas St. E.
Whitby, Ontario
L1N 2L1

From: _____
Account Holder Name

(the Customer)

(905) 434-2433
Fax (905) 434-1103
www.cogir.net

Unit Number - Street Address

Bank: _____
Name of Bank/City/Bank Account Number

(the Bank)

- Purpose of Debits** - The purpose of this debit is for personal/household pre-approved debit.
- Type of Payment** - Personal ____ or Business: ____
- Pre Notification of Amounts** - The Company will provide written notice of the amount to be debited and the date of the debit at least (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.
- Rights of Dispute** - The Customer may dispute a debit under the following conditions: (I) the debit was not drawn in accordance with this Authorization; (II) this Authorization was revoked or cancelled; or (III) pre-notification was not received.
In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Bank up to and including 90 calendar days after the date on which the debit in dispute was posted to the Customer's account.
- Terms of Authorization to Debit the Above Account** - The Customer authorizes the Company to debit the above account in the amount of \$_____ on the _____ day of each month for payments payable to the Company in respect of rent and other charges.
- Cancellation of Agreement** - You the Customer may revoke your authorization at any time by written notification form, of any changes or termination of this agreement. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. To obtain sample cancellation form, or for more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

Cogir Management Corporation
Suite 200, East Tower
1615 Dundas Street, East
Whitby, Ontario L1N 2L1

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 authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the Company.

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Company. This Authorization may be cancelled at any time upon written notice by the Customer to the Company. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Company are ended.

Any delivery of this Authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above have signed this Authorization. The Customer acknowledges receipt of a signed copy of this Authorization.

Signature(s) or Authorized Signature(s) of Account Holder(s)

Date

Signature(s) or Authorized Signature(s) of Account Holder(s)

Date

Attach Void Cheque