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## Pre-Authorized Debit Form

### 1. Customer Information (please print clearly):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2. Bank Account Information:

Financial Institution Number (3 Digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Chequing Account     Savings Account

### 3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **HRS Property Management** 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.

These services are for business use.

You, the Payor, may revoke your authorization at any time, subject to 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 or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name

\_\_\_\_\_

\_\_\_\_\_

Date

Date

\_\_\_\_\_

\_\_\_\_\_

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 this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).