



AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to the Payee to Direct Debit an Account

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please read and sign the Terms and Conditions on pages 2 & 3.
3. Return the completed form with a blank cheque marked “**VOID**” to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION (PLEASE PRINT)

Payor Name:	
Address:	
Phone:	
Signature:	Date:
Email Address:	

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION

Branch Number:	Institution#	Account Number:
Name of Financial Institution:		
Branch:		
Branch Address:		
City:	Province:	Postal:

PAYEE INFORMATION

Payee Name:	ASTROID MANAGEMENT LTD.	
Address:	209-2211 McPhillips Street, Winnipeg, MB R2V 3M5	
Phone:	(204) 338 - 4671	Fax: (204) 339 - 2823

- We have attached a specimen cheque marked “VOID” to this application
- We will inform the Payee, in writing, of any change in the above banking information
- We may cancel this authorization, at any time, upon written notice to the Payee.
- **Any outstanding rental arrears will be included with first pre-authorized payment. Any further arrears that should occur will be taken out the following month**
- **There will be a \$40.00 service fee should payment be returned for any reason**
- **All three (3) pages need to be returned and signed where applicable**

- **AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN**
Terms & Conditions

1. In this Authorization, “I”, “me” and “my” refers to each Account Holder who signs below.
 2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on Page 1 hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a “Consumer PAD”) on my account indicated on page 1 hereof (the “Account”) at the financial institution indicated on page 1 hereof (the “Financial Institution”) and I authorize the Financial Institution to honour and pay such debits. This Authorization is consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Consumer PAD, and any Consumer PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
 3. **I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee, ten (10) business days prior to the first of any given month.** This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
 4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with the Authorization, including the amount, frequency and fulfillment or any purpose of any Consumer PAD.
 5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution I agree that the payee may deliver this Authorization to the Payee’s Financial institution and agree to the disclosure or any personal information which may be contained in this Authorization to such institution.
 6. (a) I understand that with respect to:
 - (i) Fixed amount Consumer PAD’s – we shall receive written notice from the Payee of the amount to be debited, refer to current lease and the due date of debiting. Always on the first working day of the month and such notice shall be received every time there is a change in the amount of payment date(s).
- PLEASE NOTE: You will be notified of any rent increase three months in advance;**
7. I may dispute a Consumer PAD by providing a signed declaration to my Financial institution under the following conditions:



- (a) the Consumer PAD was not drawn in accordance with this Authorization;
- (b) the Authorization was revoked;
- (c) any pre-authorization required by section 6 was not received by me:

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Consumer PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to an including but not later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to the Account. I acknowledge that, after this ninety (90) days period, I shall resolve any dispute regarding a Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Consumer PAD.

- 8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account Information provided in this Authorization at least ten (10) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PAD's.
- 9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
- 10. I understand and agree to the forgoing terms and conditions.
- 11. I agree to comply with the Rules of the Canadian payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

_____	_____	_____
Name of Account Holder	Signature	Date

_____	_____	_____
Name of Account Holder	Signature	Date

Except for Fund Transfer PAD's coded "650" or "83", each Payor's PAD Agreement must contain the following statement in its entirety:

"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, you contact your financial institution or visit www.cdnpay.ca. "