

Office Use Only:
Effective Date: _____

Property: _____

Universal Realty Ltd.
621B Main St.
Saskatoon, SK S7H 0J8
306-652-7736

PAYOR'S AUTHORIZED DEBIT (PAD) AGREEMENT

CUSTOMER INFORMATION:

Name(s): _____, _____

Address: _____

Postal Code _____ Phone(s) _____, _____

BANK ACCOUNT INFORMATION:

Financial Institution Name: _____

Branch Address: _____

BRANCH # _____ BANK # _____ ACCOUNT # _____

CHEQUING _____ SAVINGS _____ ***** VOID CHEQUE REQUIRED *****

PRE AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payor, authorize Universal Realty Ltd. to debit the bank account identified above

On the 1st of every month or the next business day in the amount of \$ _____.

These services are for personal use: MONTHLY CONDO FEE PAYMENT for the Condo Corporation known as: _____

I/we may revoke or cancel the Authorization at any time upon providing written notice to the Payee. Notice of cancellation must be given at least 10 days prior to the next debit due date. To obtain a sample cancellation form or for more information on my/our right to cancel a PAD agreement, contact my/our financial institution or visit www.cdnpay.ca

I/we understand and accept the terms of participating in this PAD plan.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

X _____

X _____

Name: _____

Name: _____

Date: _____

Date: _____

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.