

Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements
Dorset Realty Group Canada Ltd.
Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Dorset Realty Group Canada Ltd., and the financial institution designated to begin deductions for the monthly **PARKING FEES**. The aforementioned regular monthly payments will be debited to my/our specified account (**void cheque required and attached**) on the 1st day of each month. Dorset Realty Group Canada Ltd. will provide 10 days written notice of any change of amount. Dorset Realty will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Dorset Realty Group Canada Ltd. has received written notification from me/us of its change or termination. **This notification must be received by the 15th day of the month or the previous business day should the 15th day be a non-business day preceding the next scheduled debit at the address provided below.** I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. Dorset Realty will charge me/us \$25.00 plus applicable taxes for each change of bank information and/or reenrollment subsequent to the initial enrollment to the PAD pertaining to the property address indicated below. Dorset Realty will not charge me/us for initial enrollment to or permanent termination of the PAD.

Dorset Realty may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____

Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Transit Number:

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(Transit/Branch -5 digits; FI – 3 digits. E.g., 12345-999)

FI Account Number:

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Financial Institution Address:

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

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200 – 8211 Ackroyd Road
Richmond BC V6X 3K8
Tel: 604-270-1711
Fax: 604-270-8446
E-mail: general@dorsetrealty.com

Strata Plan #: _____
Property Address:

