

Payor's Pre-Authorized Debit (PAD) Agreement

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorized YMK Real Estate & Management Inc and the financial institution designated I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account with YMK Real Estate & Management Inc. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or around the 1st of each month.

This authority is to remain in effect until YMK Real Estate & Management Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled 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.

YMK Real Estate & Management Inc may not assign this authorization whether directly or indirectly, by operation of law, change or 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 rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____

Account Number: _____

Type of Service: Personal ____ Business ____

Address: _____

City/Town: ____ Calgary ____ Province: ____ AB ____ Postal Code: ____

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

Financial Institution (FI): _____
(name & 3 digit code)

FI Account Number: _____ FI Transit Number: _____ (branch -5 digits)

Address: _____

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

Authorized Signature(s): _____

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Please attach void cheque on the account to be debited