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# Pre-Authorized Debit (PAD) Authorization

Residential Rentals  
 24-hour Vacancy Listing

www.colliersrentals.com  
 +1.306.664.4457

|  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>1. Customer Information (Please Print Clearly)</b>  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____<br>Tenant Name/Owner Name/Business Name  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____<br>Property Address  |   | _____<br>Mailing Address   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____<br>Phone Number  |   | _____<br>City and Postal Code  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monthly payment in the amount of \$ _____  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please indicate applicable payment   |   | These services are for (check one)   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Rent  | <input type="checkbox"/> Parking                  | <input type="checkbox"/> Business Use  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Condominium Fee   | <input type="checkbox"/> Special Levy/Cash Call   | <input type="checkbox"/> Personal  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Other _____   |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Bank Account Information (PLEASE CHOOSE OPTION A OR B)</b>   |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A) Attach a current blank cheque or photocopy marked "void." The name and address should be pre-printed on the cheque.   |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OR   |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B) Have an official from your financial institution provide the following information regarding your current account.  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Branch</b>  | <b>Institution</b>                                | <b>Account Number</b>  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>  |   |  |  |  |  | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| _____<br>Name and Address of Financial Institution   |   | <input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| _____<br>Financial Institution Official's Signature and Stamp  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3. Pre-Authorized Debit (PAD) Terms and Conditions</b>  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul style="list-style-type: none"> <li>You the Payor authorized Colliers McClocklin Real Estate Corp to debit the bank account identified above on the 1<sup>st</sup> of every month or the next business day, including all future increases upon written pre-notification to the Payor.</li> <li><b>You the Payor agree that Colliers McClocklin Real Estate Corp may reduce the standard period of pre-notification for PADs not less than 5 days before the first PAD for the new amount, with the exception of a reduction in the amount due.</b></li> <li>Payments rejected from the financial institution as "Non-Sufficient Funds (NSF)" or "Funds Not Cleared" will be automatically represented for payment 5 business days after the rejection date.</li> <li>There will be a \$25 charge for any payment rejected from the financial institution.</li> <li>You the Payor may revoke your authorization at any time in writing subject to providing notice of 5 business days prior to the payment date. To obtain a sample cancellation form or for more information on your rights to cancel a PAD Agreement, contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> <li>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 our financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</li> </ul> |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (x) _____<br>Authorized Signature(s)   | (x) _____<br>(Joint account holder if applicable) | _____<br>Date  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FOR OFFICE USE ONLY: Property Code:</b> _____ <b>Effective Date:</b> _____  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |