



# YKD Property Management o/a Yellowknife Dairies Ltd.

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## Pre-Authorized Payment Form

### ACCOUNT INFORMATION

Company/Organization Name

First Name

Last Name

Residential Address

City

Province

Postal Code

Mailing Address (if different from above)

City

Province

Postal Code

Home Phone

Cell Phone

Work Phone

Fax Number

### Bank Account Information

Transit Number

Bank Number

Account Number

Financial Institution

Location

### Payment Terms

The customer authorizes the Company to debit or cause to be debited the following amounts from the above account. I (We) are aware that funds must be in the account at least two (2) days prior to the date of the PAD (fill in as applicable)

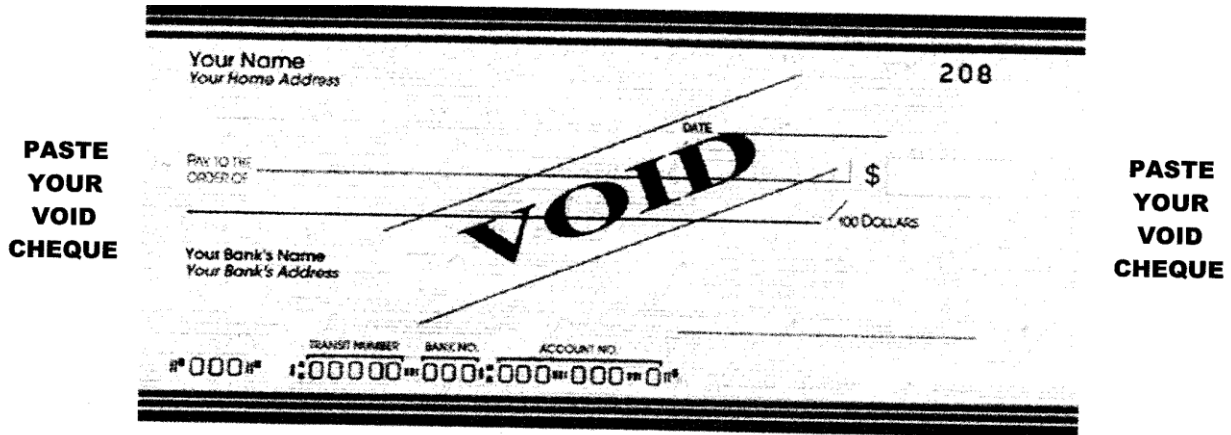
- a) a fixed amount of \$ \_\_\_\_\_, which will be debited:
- i) on the first of each month commencing on \_\_\_\_\_, or
  - ii) weekly on Friday commencing on \_\_\_\_\_, or
  - iii) bi-weekly on Friday commencing on \_\_\_\_\_.

### Payment Contract

I (We) warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this authorization. I (We) acknowledge that delivery of this authorization to you constitutes delivery to the financial institution. I (We) acknowledge that the Financial Institution is not required to verify that a pre-authorized debit ("PAD") has been issued in

accordance with the particulars of this authorization, or that the purposes for which this authorization is given have been fulfilled by you, before debiting the Account. I (We) may dispute a PAD if: (a) it was not drawn in accordance with this authorization; or (b) this authorization was revoked. I (We) understand that, in order to dispute a PAD (i) within 10 business days after the PAD in dispute was posted to the Account, I (We) must complete and present a declaration stating the reason the PAD is being disputed to the branch of the Financial Institution holding the Account; or (ii) at any other time, I (We) must resolve the PAD in dispute solely with you. You may disclose the following information to the financial institution which holds your account to be credited with the PAD.

I(We) understand that I (we) may revoke this authorization at any time by notifying you in writing at least 7 business days before the next PAD is due to be issued. I (We) will give you written notice of any changes in the Account information provided in this authorization prior to the next due date of a PAD. I (We) agree to waive any obligation you may have to send to me (us) pre-notification(s) of the amount(s) to be debited, the due date(s) of debiting, and any other notice(s) of changes to the PAD after the date of this authorization.



\_\_\_\_\_  
**Account Holder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Account Holder Signature**

\_\_\_\_\_  
**Date**