



YKD Property Management o/a Yellowknife Dairies Ltd.

22 - 100 BORDEN DRIVE, BOX 385
YELLOWKNIFE, NT X1A 2N3
TEL: (867) 873-1038 FAX: (867) 920-4174
www.ykdpropertymanagement.com



PRE-AUTHORIZATION PAYMENT FORM

ACCOUNT INFORMATION

Company/Organization Name

Home Phone

First Name

Last Name

Cell Phone

Residential Address

Work Phone

City

Province

Postal Code

Fax Number

Mailing Address (if different from above)

City

Province

Postal Code

Email Address

Bank Account Information

Transit Number

Bank Number

Account Number

Financial Institution

Location

Payment Terms

The customer authorizes Yellowknife Dairies Ltd 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) Monthly Rent in a fixed amount of \$ _____, which will be debited:
- i) on the first of each month commencing on _____, or
 - ii) bi-weekly on Friday commencing on _____.
 - iii) 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 I (We) may dispute a PAD if: (a) it was not drawn in accordance with this authorization; or (b) this authorization was revoked.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. I (We) agree that any PAD that is returned will be subjected to a \$25.00 service fee and that this fee will be deducted from the Account.

**PASTE
YOUR
VOID
CHEQUE**

Your Name
Your Home Address

208

VOID

DATE

PAY TO THE ORDER OF

\$

Your Bank's Name
Your Bank's Address

100 DOLLARS

TRANSIT NUMBER BANK NO. ACCOUNT NO.

⑆ 0000 ⑆ : 000000 ⑆ 0000 ⑆ 0000 ⑆ 0000 ⑆ 0 ⑆

**PASTE
YOUR
VOID
CHEQUE**

Account Holder Signature

Date

Account Holder Signature

Date

RESIDENTIAL APARTMENTS & TOWNHOUSES • COMMERCIAL PROPERTY • SELF-STORAGE