

**Pre-Authorized Debits (PADs)  
Payer's PAD Agreement – Mandatory and Supplementary Elements**

**Edison Properties**

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

I/we authorize Edison Properties, and the financial institution (FI) designated (or any other financial institution 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 Edison Properties account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Edison Properties will obtain my/our authorization for any other one-time or sporadic debits. This amount may be adjusted at a future date as agreed by me/us in writing or upon execution of the yearly Tenancy Agreement.

This authority is to remain in effect until Edison Properties 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](http://www.cdnpay.ca).

Edison Properties 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](http://www.cdnpay.ca)

**Please Print**

Date: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov./Postal: \_\_\_\_\_

Phone Number: (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_

(branch-5 digits - FI-3 digits)

FI Address: \_\_\_\_\_

City/Prov./Postal Code: \_\_\_\_\_

**PLEASE INCLUDE VOID CHEQUE.**

I/we warrant that all persons whose signature(s) are required to sign on this account have signed this agreement and I/we acknowledge that I/we have read and understand all the provisions contained in the terms and conditions contained herein.

Authorized Signature(s) [account holder(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Edison Properties  
Attention: Accts. Rec. Dept.  
401 – 10 Fort Street  
Winnipeg, MB R3C 1C4  
Phone: (204)940-3450  
Fax: (204)940-4626  
Email: [era@edisonproperties.ca](mailto:era@edisonproperties.ca)

**OFFICE USE ONLY : Tenant Name** \_\_\_\_\_

Suite # \_\_\_\_\_

Block \_\_\_\_\_