



**Payor Pre-Authorized Debit (PAD) Agreement
Terms and Conditions
2019**

1. In this agreement "I", "we", "us", and "our" refers to the Payor indicated on the **Payor's Pre-Authorized Debit (PAD) Form** (the "Form").
2. I/We agree to participate in this Business Pre-Authorized Debit Plan and we authorize Swordfern Management Ltd. (the "Payee") as indicated on Form and any successor or assign of the Payee to draw a debit in paper, electronic, or other forms for the purpose of making payments for goods or services as stated in our Lease on our account as indicated on the Form (the "Account") at the Financial Institution indicated (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits.

This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association.

I/We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

3. I/We may revoke or cancel this Agreement temporarily or permanently upon notice being provided by us in writing no less than ten (10) business days before the next monthly debit (i.e. first of the next month). We acknowledge that in order to revoke or cancel the authorization provided in this Agreement, notice of revocation or cancellation from the Authorized Signing Officer(s) must be provided to the Payee.

This Agreement applies only to the method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.

The Payee shall use best efforts to cancel the PAD in the next monthly debit cycle once notified.

4. I/We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any purpose of any Business PAD.
5. I/We authorize Swordfern Management Ltd. (as agents of the Landlord) to debit the following amounts on the 1st day of each month:
 - a. All regular monthly rents,
 - b. All tenant-reimbursable expenditures as related to occupancy of leased premises.



**Swordfern Management Ltd.
Payor's Pre-Authorized Debit (PAD) Form**

Instructions:

- 1) Please complete all sections to instruct your financial institution to make payments from your account.
- 2) Please sign the Terms and Conditions page attached to this document.

Payor Information (Please type or print clearly)

Business Name (as stated in Lease):
Address:
Telephone:
Name(s) of Authorized Signing Officer(s):
Signature(s) of Authorized Signing Officer(s):

Payor Financial Institution/Banking Information (Please type or print clearly)

Please fill out your account information (chequing accounts only) from the bottom of your cheque and attach a cheque (may be scan or copy) marked "VOID".

_____	_____	_____
Transit Number (5 Digits)	Institution Number (3 Digits)	Account Number
Name of Account Holder: _____		Title (if applicable): _____
Name of Financial Institution: _____		Branch Address: _____

Payment Information:

- Please note that your account will be debited on the 1st day of each calendar month.
- The monthly debit amount will be automatically adjusted as necessary due to changes to the charges as mentioned in the Terms and Conditions.
- This form must be received before the 20th of the month prior to commencement of the next monthly debit cycle. Any balance owing on account prior to commencement of PAD should be paid by cheque.

Authorization:



By signing this form, I/We acknowledge to have read, understood, and accepted all the terms and conditions as stated in the Terms and Conditions Pages and this form.

Signature of Payor(s)

Signature of Payor(s)

Date Signed

Please return the completed forms to the Payee (Swordfern Management Ltd.) via mail (5831 Cedarbridge Way, Richmond BC V6X 2A8), fax (604-273-6474) or email (info@swordfernmanagement.com).