



PRE-AUTHORIZED PAYMENT (PAP) PLAN

Building # _____
For office use only

Unit No: _____ Address: _____

Name of Tenant(s) _____ Contact #: _____

As an added security feature, please choose a personal password that you will provide when accessing account information by telephone -up to 10 letters (suggest mother's maiden name) _____

1. I/We hereby authorize Multiple Realty Ltd to debit my/our account monthly, covering monthly rental fees due by the undersigned to the Landlord/Owner of the afore-mentioned property. This amount may be increased/decreased as required by the change in rent as mutually approved by the Landlord/Property Manager and myself/ourselves, by email, mail, Notice of Increase in Rent, or Letter of Lease Extension.
2. I/We understand the personal information provided is for purposes of identifying and communicating with me, processing payments, responding to emergencies, ensuring the orderly management of the rented property and complying with legal requirements. I hereby authorize Multiple Realty Ltd to collect, use and disclose my personal information for these purposes.
3. The account that Multiple Realty Ltd. is authorized to draw upon is indicated below. A specimen cheque marked "VOID" is attached to this authorization

ATTACH VOID CHEQUE HERE

****If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.****

Institution # (3 digits)	Transit # (5 digits)	Account #	\$ Amount to be drawn
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1. I/We undertake to inform Multiple Realty Ltd. of any change in the account or address information provided in this authorization as soon as the change occurs.
2. This authorization may be cancelled at any time upon written notice to Multiple Realty Ltd.
3. I/We acknowledge that delivery of this authorization to Multiple Realty Ltd. constitutes delivery by me/us to the above financial institution.
4. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Dated	Signature	Start Date
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PLEASE NOTE THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THE 15TH OF THE MONTH PRIOR TO THE MONTH THE PAP IS TO COMMENCE. SINCE THE PAP PROGRAM IS NOT RETROACTIVE, PLEASE ALSO ENCLOSE A CHEQUE FOR ANY BALANCE OWING PRIOR TO PAP COMMENCEMENT.

Please fax to: 604-273-4882 or Mail to Multiple Realty Ltd, Unit 110-9780 Cambie Road, Richmond, BC, V6X 1K4
Should you have any questions, please call 604-273-8555.