

PERSONAL PRE-AUTHORIZED DEBIT PLAN AGREEMENT (the "PAD Agreement")

AUTHORIZATION OF THE TENANT TO HOMEEED TO DIRECT DEBIT AN ACCOUNT

TENANT INFORMATION

Name(s):	
Suite No.:	
Building:	
Address:	
Phone:	
Email Address:	

FINANCIAL INSTITUTION INFORMATION

Account:	Branch/Transit Number: _____ Bank ID: _____ Account Number: _____
Please attach a "VOID" cheque to this PAD Agreement.	

1. I acknowledge that I have read, understood, and accepted all the provisions contained in the attached Terms and Conditions. I further confirm that I have authority under the terms of my account agreement with my financial institution to authorize the pre-authorized debits (singular, "PAD"; collectively, "PADs") described in this PAD Agreement. I confirm that the services under this PAD Agreement are for personal use.
2. I authorize HomeEd to process a PAD, in paper, electronic, or any other form in the amount of the outstanding balance on my account with HomeEd as per my Residential Tenancy Agreement on the first (1st) day of each month, beginning on:

Start Date: _____, 20____

I understand and confirm that "outstanding balance" includes, at minimum, the Total Monthly Rent described in the Residential Tenancy Agreement and may also include, from time to time, fees and/or tenant chargebacks as set out in the Residential Tenancy Agreement. If a tenant chargeback is applied to my outstanding balance, HomeEd will issue me written notice, identifying the purpose and amount of this chargeback, not less than five (5) business days before the next scheduled PAD. I further understand that if I am successful in disputing such chargeback, HomeEd will credit my account with an amount equal to that chargeback.

3. Other than a PAD which includes a tenant chargeback, I have waived my right to receive pre-notification of the amount of any PAD and agreed that I do not require advance notice of the amount of any PAD before the debit is processed.

Signature: _____ Date: _____
Signature: _____ Date: _____
(If account is joint)

PERSONAL PRE-AUTHORIZED DEBIT PLAN AGREEMENT TERMS AND CONDITIONS

1. These Terms and Conditions form part of the PAD Agreement.
2. In this PAD Agreement, "I", "me", and "my" refers to each account holder who signs below. I understand that I am the payor in this PAD Agreement and HomeEd is the payee.
3. This PAD Agreement is for personal purposes. I have entered into this PAD Agreement with HomeEd as a convenient method of paying my outstanding balances owed under the Residential Tenancy Agreement. Any termination of this PAD Agreement, whether by HomeEd or myself, has no effect whatsoever on my obligations owed under the Residential Tenancy Agreement.
4. I acknowledge that delivery of my authorization to HomeEd constitutes delivery by me to the branch of the financial institution at which I maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. I further authorize such financial institution to honour and pay such debits.
5. I understand that I may revoke my authorization at any time upon written notice, with notice being received by HomeEd at its address: 11604 – 145 Street NW Edmonton, AB T5M 1V8 at least ten (10) business days before the next PAD is scheduled. To obtain a sample cancellation form, or for more information on my right to cancel the PAD Agreement, I can contact my financial institution or visit www.payments.ca. I acknowledge and understand that revoking my authorization for the PAD Agreement does not cancel or terminate the Residential Tenancy Agreement.
6. I confirm that I will replace any insufficient funds plus any applicable NFS fee(s) with a certified cheque or money order within 14 days of receiving a demand from HomeEd, failing which HomeEd may elect to issue a notice towards termination of tenancy. I understand that any late payment fees charged to me by HomeEd are as a genuine pre-estimate of HomeEd's liquidated damages (and not as a penalty) arising from my failure to ensure my account has sufficient funds on the first of each month.
7. I further acknowledge that if there are insufficient funds on the first of the month, a second attempt will be made to withdraw the funds. I recognize that my financial institution may charge an additional NSF fee should there be insufficient funds upon this second attempt.
8. I certify that all information I have provided is accurate. I will notify HomeEd in writing of any changes to the account information or termination of this authorization at least ten (10) business days before the next PAD is scheduled.
9. I have certain recourse rights if any PAD does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is inconsistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.
10. I hereby consent to the collection, use, and disclosure of personal information contained in this PAD Agreement and otherwise collected by or on behalf of HomeEd for the purposes of my application assessment (if applicable), debt collection, upholding and maintaining the rules and regulations of the property, evaluating my tenancy, complying with applicable law, and in the ordinary course of HomeEd's business.
11. HomeEd may assign this PAD Agreement upon giving me ten (10) days' notice. I cannot assign this PAD Agreement.
12. I warrant that all persons whose signature(s) are required to sign on this account have signed this PAD Agreement. Copies of this PAD Agreement may be signed and delivered electronically, and this PAD Agreement may be executed in any number of counterparts, with the same effect as if all parties had signed the same original hard copy instrument.

Signature: _____ Date: _____
Signature: _____ Date: _____
(If account is joint)