



PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

1. I/We authorize Noble & Associates Property Management (“Noble”) and the financial institution 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 Noble account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the FIRST day of each month. These business services are for Rent Due or Strata Fee Dues.
2. **I/We agree to waive the requirements for pre-notification including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in strata fees, rental fees, charges or adjustment.**
3. This service is for: Individual PAD ___ Business PAD___ (please check)
4. Noble will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Noble has received written notification from me/us of its change or termination. This notification must be received at least 15 calendar 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.
5. 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
6. I/We understand and accept the terms of participating in this PAD plan.

Payor Information			
Name			
Address		City	
Province		Postal Code	
Bank Account Information			
Account No.			
Transit No.		Institution No.	
Financial Institution Name			
Branch Address			
Property Information			
Address			
(If different from mailing address above)			
For Strata Fee Payment			
Strata Plan		Strata Lot	
Debit Amount		Effective Date	

Account Holder Signature

Date

Account Holder Signature

Date

NOTE: Please enclose a specimen cheque marked “VOID”
For a joint account, all account holders must sign if more than one signature is required on cheques issued against the account.

Noble & Associates Property Management



Property Address: _____

VOID CHEQUE

Noble & Associates Property Management

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