

**PRE-AUTHORIZED DEBIT (“PAD”) AUTHORIZATION
RESIDENTIAL**

Tenant Name(s): _____
(last, first)

Address: _____
(unit) (street address, city, postal code)

Phone (H): _____ Phone (other): _____

I/We, the chequing account holder(s) signing below, authorize AON Inc. and/or its agent, to debit my/our chequing account referenced in the VOID CHEQUE attached (below) to this form on the first day of each month (or the next business day thereafter) in the amount of \$ _____ each first business day of the month, commencing on _____, as per the terms of the Lease Agreement, Parking Agreement, Fitness Room Agreement and Air Conditioner Agreement, as applicable, including any amendments thereto, with increases where notified in prescribed form and with proper notice.

AON Inc. agrees to notify the resident in writing of any change in rent with the proper 90 days notice, i.e. Rent Increase Notice, in accordance with the Residential Tenancies Act.

I acknowledge that I have read and understood the provisions contained in the attached Terms and Conditions, and that I have received a copy of this Authorization and of the Terms and Conditions. I further acknowledge that a \$25.00 service charge will apply to all NSF payments.

Payor Signature (1) _____ Date _____

Payor Signature (2) _____ Date _____

Note: The payee name appearing on the Payor bank statement for PAD's will be “AON Inc”

AFFIX VOID CHEQUE HERE

PRE-AUTHORIZED DEBIT (“PAD”) – TERMS AND CONDITIONS RESIDENTIAL

I/We acknowledge that this Authorization is provided for the benefit of AON Inc. and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the referenced Payor(s)' account in accordance with the Rules of the Canadian Payments Association (“CPA”).

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement and I hereby authorize AON Inc. and/or its agent to draw, each month, on the bank account number I have identified, for the amounts indicated on the Pre-Authorized Debit (PAD) Authorization form and/or Rent Increase notices received thereafter.

I acknowledge that provision and delivery of this authorization by me to AON Inc. and the subsequent delivery of this authorization by AON Inc. to the Processing Institution constitutes delivery by me.

I understand that I/we may cancel this Authorization at any time upon fifteen (15) days written notice to AON Inc. I undertake to inform AON Inc. in writing, of any change in the account information provided in this Authorization at least fifteen (15) days prior to the next payment due date.

Revocation of this Authorization does not terminate any contract for goods or services that exists between AON Inc. and me/us. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I understand that a PAD may be disputed directly with my/our financial institution by the Payor(s) under the following conditions:

- (1) the payment was not drawn in accordance with my/our Authorization; or
- (2) the Authorization was revoked;

I understand that such dispute must be presented to the branch of the financial institution holding my/our account within ninety (90) days of the date on which the PAD in dispute was posted to the account. In any event, before or after ninety (90) days, any dispute on a processed PAD amount may be directed to AON Inc. management for their attention.