



# PRE-AUTHORIZED PAYMENT PLAN

Electronic Fund Transfer Form - Commercial Lease Payment

|               |  |       |  |
|---------------|--|-------|--|
| PROPERTY NAME |  | UNIT# |  |
|---------------|--|-------|--|

Please complete in full and return this form to Larlyn Property Management Ltd. It is essential that you attach a VOID cheque from your bank account to ensure the accuracy of the institution, transit and bank account numbers.

|                          |                     |      |              |
|--------------------------|---------------------|------|--------------|
| NAME OF COMPANY/TENANT   |                     |      |              |
| NAME OF CONTACT          |                     |      |              |
| COMPLETE MAILING ADDRESS |                     |      | SUITE NUMBER |
|                          | CITY                | PROV | POSTAL CODE  |
| TELEPHONE                | ALTERNATE TELEPHONE |      |              |
| EMAIL                    |                     |      |              |

I/We hereby authorize Larlyn Property Management Ltd. on behalf of the Property/Property Owner to debit my/our account for the amount of the lease fees said as rent as of \_\_\_\_\_, 20\_\_\_\_ amounting to:

\$\_\_\_\_\_ per month or  \$\_\_\_\_\_ per year or as increased by proper notice.

No single monthly draw against my/our account may exceed this amount without my prior consent. Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the Property to debit the amount specified from my/our account. This authorization shall remain in effect until cancelled by me/us in writing. I/We further understand that any payments not honoured by my/our bank may be assessed processing fees of \$45.00. Processing fee is subject to change without further notice. Two to five (2-5) business days should be allowed for processing payments by the bank.

**ARREARS:** Please authorize here for any arrears that you wish to clear on the first processing date: \$\_\_\_\_\_

I/We direct that payments be taken from the account as detailed on the attached voided cheque:

**NOTE: To ensure accuracy, PLEASE attach a sample cheque (or equivalent bank form) marked "VOID"**



Forms must be submitted no later than the 25th day of the preceding month. (For example, if you would like payments to start on February 1st, your form would have to be received in our office by January 25th).

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

**Please note that for joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account. If signing on behalf of a corporation, please affix corporate seal or attach resolution of signing authority.**