

Pre-Authorized Debit (PAD) Plan – Residential

FAX: (604) 684-1956

ATTACH VOID
CHEQUE HERE

PROPERTY ADDRESS: _____

- I/We hereby authorize Rancho Management Services (B.C.) Ltd. on behalf of _____ to begin deductions effective _____ as per my/our instructions for the following:
 - Recurring monthly rental amount and/or one-time fee(s)/charges adjustments as stipulated on our Residential Tenancy Agreement. I/We agree to pay any increase in monthly rent, as mutually agreed by me/us, the Tenant and the Landlord, subject to the required written notification, as per the Residential Tenancy Act of British Columbia.
 - Authorized one-time or sporadic debits.
 - Any fines and penalties as assessed according to the Residential Tenancy Agreement.These above mentioned fee(s)/charges will be debited to my/our specified account on the 1st day of every month.
- I/We undertake to inform Rancho Management Services (B.C.) Ltd. of any change in the account or address information provided in this authorization before the fifteenth day of the month.
- I/We acknowledge that delivery of the authorization to Rancho Management Services (B.C.) Ltd. constitutes delivery by me/us to the financial institution below.
- This authority is to remain in effect until Rancho Management Services (B.C.) Ltd. has received written notification from me/us of its change or termination. This notification must be received within 15 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.
- Rancho Management Services (B.C.) Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.
- I/We have certain recourse rights if any debt 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 the terms of this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.

Type of Service: Personal _____ Business _____

Name

Property Address

Phone #

Name of Financial Institution

Address of Financial Institution

Financial Institution Number

Branch Transit Number

Account Number

A Specimen cheque has been marked "VOID" and attached to this authorization. If your account does not provide cheques, please have your bank fill out the information above to ensure the account is coded correctly and will allow pre-authorized debit.

When the form is complete, mail, fax, or email to:

Rancho Management Services (B.C.) Ltd. – 8th Floor – 1125 Howe Street, Vancouver, British Columbia, V6Z 2K8
Phone – 604 – 684 – 4508 Fax – 604 – 684 – 1956 Email: ar@ranchogroup.com
Attention: Accounts Receivable

Date: _____ Signature: _____ Signature: _____

PLEASE NOTE THAT THIS FORM MUST BE RECEIVED BY RANCHO NO LATER THAN THE 20TH OF THE MONTH PRIOR TO THE MONTH THE PAD IS TO COMMENCE. (I.e. To be on the Pre-Authorized Debit Plan for the month of June, the form must be in our office prior to the 20th of May. Forms received after the 20th of the current month (i.e. May) will be processed but your first payment will not come out of your account until July 1st), as this system is set up in conjunction with the bank, and processing time is required, **PAD enrolment cannot be applied retroactively. Please also enclose a cheque for payment of any balance owing prior to PAD commencement.**