

CRYSTAL PROPERTIES LTD.
Pre-Authorization Payment Agreement



CRYSTAL
PROPERTIES LTD.

Name: _____

Address: _____

Phone: _____

Terms and Conditions:

1. I/we authorize Crystal Properties Ltd. (the "Landlord") to debit my/our account as indicated on the attached "void" cheque for the amount of my total monthly rent and other charges, as applicable, incurred pursuant to a lease agreement I/we have entered into with the Landlord.
2. I/we will notify the Landlord in writing of any changes in the account information or termination of this authorization 10 days prior to the next debit of pre-authorized payment is scheduled. In addition, both the Landlord and the financial institution reserve the right to terminate this payment plan (or my participation therein) at any time, including, without limitation for the following:
 - a. If a charge against my account is dishonored by my bank due to insufficient or otherwise unavailable funds.
 - b. If my account closes or has a "stop payment" issued against any authorized payment.
 - c. If I fail to comply with the terms and conditions of the Agreement
 - d. If for any reason the Landlord discontinues the pre-authorized payment program.
3. Items charged under any of the following conditions will be reimbursed subject to written notification by me/us to the Landlord within 90 day;
 - a. I/we, never provided authorization to the Landlord;
 - b. The pre-authorized debit was not drawn in accordance with my/our authorization;
 - c. My/our authorization was revoked;
 - d. The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Landlord.
4. I/we warrant that all persons whose signature(s) are required to sign on this account have signed this agreement.

I/we authorize **Crystal Properties Ltd.** to debit my/our account in the amount of \$ _____
beginning _____.

This amount may be increased/decreased at a future date as agreed by me/us in writing, upon execution of a Lease Renewal Agreement, an Affixed Value or a Parking Agreement.

I/we acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of this pre-authorized payment agreement.

Date

Signature

Date

Signature

ATTACH VOID CHEQUE

Tenant Account Information For Pre-Authorized Payment



Tenant Information

Name

Address

City

Province

Postal Code

Banking Information

Name of Financial Institute

Branch Address

City

Province

Postal Code

Transit Number

Bank ID Number (3 digits)

Account Number

Tenant Signature

Date

Tenant Instructions

1. This form provides account information in place of a voided cheque and is used when arranging pre-authorized payments.
2. A **Pre-Authorized Payment Agreement** must accompany this form.