

**1.CUSTOMER INFORMATION (Please type or print clearly)**

Name: \_\_\_\_\_

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Street Address: \_\_\_\_\_

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

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**2.BANK ACCOUNT INFORMATION (Please type or print clearly)**

Deposit Account Number: 

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 Branch Transit Number: 

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Financial Institution Number: 

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 Chequing Account     Savings Account

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

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**3.PRE-AUTHORIZED DEBIT (PAD) DETAILS (Please type or print clearly)**

You, the Payor, authorize RE/MAX Saskatoon Property Management to debit the bank account identified above for \$ \_\_\_\_\_ on the \_\_\_\_\_ of every month or the next business day.

These services are for (check one)     Personal     Business Use

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice of not to exceed 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder: \_\_\_\_\_ Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

When the form is complete, mail or fax to:

**RE/MAX Saskatoon Property Management**  
**1820 8th street east, Saskatoon, SK, CANADA S7H 0T6**  
**Phone: (306)880-3867 or (306)261-8539**  
**Fax: 1(778)331-5141**  
**Email: Remaxsaskrental@gmail.com**