



**COLLIERS MACAULAY NICOLLS INC ITF MISSISSAUGA EXECUTIVE CENTRE  
PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER PROGRAM  
ENROLLMENT / AUTHORIZATION FORM FOR A BUSINESS**

Tenant Name (the Payor): \_\_\_\_\_

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

\_\_\_\_\_

Tenant's Bank Name: \_\_\_\_\_

I (we) authorize Colliers International (the Payee) to process a debit, in paper, electronic or other form in the variable amounts which are in accordance with the terms of your current lease. Payment will be debited on the first day of each month, in advance, beginning the 1<sup>st</sup> day of \_\_\_\_\_.

I (we) acknowledge that I (We) have read and understood all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Dated this \_\_\_\_\_

Authorized Signature:

\_\_\_\_\_

\_\_\_\_\_

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

The Payor may contact the Payee at:

Colliers Macaulay Nicolls Inc.  
ITF Mississauga Executive Centre  
4 Robert Speck Parkway, Suite 260  
Mississauga, ON L4Z 1S1  
Tel: (905) 281-7204  
Fax: (905) 275-5337

Attn: Adriana Carvalho

Note: please enclose a void cheque so that we can appropriately record your Bank Account Number and Bank Transit Number.

**ATTACH YOUR VOID CHEQUE**

## PRE-AUTHORIZED PAYMENTS – TERMS AND CONDITIONS

“I (We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association”

“I (We) warrant the guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.”

“I (We) hereby authorize the Payee to draw on the Payor’s account number \_\_\_\_\_ with (Processing Institution), for the following purpose.”

“This authorization may be cancelled at any time upon notice by the Payor of at least 30 days prior to the PAD being issued. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to the Payee. The payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)”

“I (We) acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by the Payor to (Processing Institution). Any delivery of this authorization to you constitutes delivery by the Payor.”

“I (We) undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.”

“I (We) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor’s Authorization including, but not limited to, the amount.”

“I (We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Payor’s account.”

“Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor or the Payee. The Payor’s Authorization applies only to the method of payment and does not otherwise have any bearing on the contract of goods or services exchanged.”

“A PAD may be disputed by a Payor under the following conditions:

- (1) The PAD was not drawn in accordance with the Payor’s Authorization; or
- (2) The authorization was revoked; or
- (3) Pre-notification was not received.”

“The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor’s account up to and including 90 calendar days in the case of a personal household PAD for up to and including 10 business days in the case of a business PAD, after the date on which the PAD is disputed was posted on the Payor’s account.”

“The Payor acknowledges that a claim on the basis that the Payor’s Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).”

“The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has 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 the Payor’s rights, the Payor may contact their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)”