DOMUS® INC.
EST. 2005

Rent Pre-Authorized Debit Agreement (Payors PAD Agreement)

Please fill out this section with information for the RESIDENT + PROPERTY to be DEBITED (the payor).

NAME: _____

ADDRESS:_____ UNIT: _____ ROOM: _____

PHONE: _____ CELL: _____

EMAIL: _____

Name of Financial Institution you want debited:

_____

Address of Financial Institution you want debited:

_____

Name(s) of account holders:

_____

Account Information:

Please also attach a void cheque OR direct deposit form from your bank.

Amount: _____ Timing: First of the month First due date: _____

(To be adjusted to amount agreed to on lease renewals)
Type of service: Personal ☐ Business ☐
Authorization:
I/We authorize Domus Inc. (the Payee) (on behalf of the Landlord) to debit the bank account listed above for the amount listed above for the rent per my lease ON THE FIRST EACH MONTH commencing on the first due date and continuing until the end of my lease term. This PAD is for PERSONAL services. You (the Payor) may cancel or suspend or modify your authorization in writing as long as it is received at Domus' office before the 20th of the month preceding the payment (by email or fax to the address/number below). 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. 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 consistent with this PAD agreement. To obtain more information on your rights, contact your Financial Institution or visit www.cdnpay.ca.

Date of Agreement: _____

Signature of Account Holder: Signature of Joint Account Holder*: (only if applicable)

_____ _____

Once complete scan and email to living@domushousing.com or upload to your application.