



PRE-AUTHORIZED PAYMENT FORM

1. Customer Information (Please print clearly):

Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

2. Bank Account Information:

Please attach void cheque or account information form from your financial institution.

3. Pre-Authorized Debit (PAD) Details:

This form authorizes Edgewood Property Management to debit the bank account provided on the first business day of each month in the amount of \$_____ (for monthly rent), beginning: _____.

4. You may revoke your authorization at anytime, by providing Edgewood Property Management with 30 days written notice.

These services are for (check one):

Personal Use

Business Use

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____

Name: _____

(Please Print)

(Please Print)

Date: _____

Date: _____

5. You have certain recourse rights if any debit does not comply with this agreement. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca
6. Please mail your completed form to the address listed below.