

PRE-AUTHORIZED PAYMENT AUTHORIZATION (the "Agreement")
ONLY ONE PRE-AUTHORIZED PAYMENT ACCOUNT PERMITTED PER UNIT**How do I join?**

1. Complete all fields and sign the enrolment/ authorization below.
2. Attach your personal blank cheque marked "**void**" or printout of same from your online banking.

Ten (10) days written notice prior to the 1st of the month is required to join, change or cancel a pre-authorized payment.

to our office at 520 Corydon or info@akmanmanagement.ca

Payee Information

Name: Akman Management Ltd.

Address: 520 Corydon, Winnipeg, MB, R3L 0P1

Phone: 204.944.9721

Payor Information

Date of 1st withdrawal: _____

Name: _____

Address (inc unit): _____

City: _____

Province: _____ **Postal Code:** _____

Telephone: _____

Account Information

Account Number: _____

Transit Number: _____

Institution Number: _____

ATTACH VOID CHEQUE HERE

☐ Or, if you don't have a cheque, please fill out your bank account information below.

Institution

Transit Number

Account Number

Name of Bank

Address of Bank

Terms and Conditions:

1. I (we), the Payor, authorize the Payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given. I (we) authorize the Payee to debit my (our) account for any amount due under the Tenancy Agreement or as a result of my (our) living in or owning the unit as long as ten days' notice is provided by the Payee. It may take one to three business days to process any payment.
2. I (we), the Payor, agree that the authority granted pursuant to this Authorization shall remain in effect until the Payee has received written notification from the Payor as to its change or termination. Such notification must be received at least ten (10) business days prior to the next scheduled debit. You, the Payor, may revoke your authorization at any time upon thirty (30) days' prior written notice to the Payee. To obtain a sample form or for more information regarding your right to cancel a Pre-Authorized Payment Agreement, contact your financial institution or visit **www.payments.ca**.
3. I (we), the Payor, hereby acknowledge that the Financial Institution is not required to verify that a debit has been issued in accordance with the particulars of this Agreement including, without limitation, the amount of such debit, or that any purpose for which the debit was issued has been fulfilled by the Payee as a condition of honoring a debit issued or caused to be issued by the Payee on the account.
4. I (we), the Payor, may dispute a debit only under the following conditions:
 - a) The debit was not drawn in accordance with the Terms and Conditions set for in this Agreement;
 - b) This Agreement was previously revoked with in accordance with the proper notice; or
 - c) Pre-notification requirements contained in Rule H1 of the Canadian Payments Association ("CPA") have not been fulfilled unless such pre-notification requirements have been waived pursuant to this Agreement.

I (we), the Payor, hereby acknowledge that in order to be reimbursed, a declaration to the effect that either of the events outlined in this Section 4 occurred, must be completed and presented to the branch of the Financial Institution holding the account up to and including ten (10) days after the date on which the debit in dispute was posted to the account.

5. I (we), the Payor, hereby acknowledge that the information contained in this Agreement may be disclosed to the Payee's financial institution to complete pre-authorized payment transactions.
6. I (we), the Payor hereby acknowledge that if a payment is returned with Non-Sufficient Funds a \$60 fee will be charged by the Payee.
7. **I (we), the Payor, hereby agree to waive any pre-notification or confirmation requirements as contained in Rule H1 of the CPA.**

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

I (we), the Payor, hereby warrant that all those parties whose signatures are required to authorize withdrawals from the Account have signed this Agreement and that all those parties signing this Agreement are authorized signing officers of the Payor and are empowered to enter into this Agreement.

I (we), the Payor, 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 Agreement. To obtain more information on your recourse rights, contact your financial institution or visit **www.payments.ca**.