

**SCHEDULE "B" PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**  
 Authorization of the Payor to the Payee to Direct Debit an Account



**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse side of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions please contact Axon Properties (613-417-3365 or info@axonproperties.ca)

**PAYOR INFORMATION**

<b>Payor Name(s):</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Signature of Payor(s):</b>	<b>Date:</b>

**PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION**

<b>Branch Number:</b>	<b>Institution Number:</b>	<b>Account Number:</b>																													
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<b>Name of Financial Institution:</b>																															
<b>Branch:</b>																															
<b>Branch Address:</b>																															
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>																													

**PAYEE INFORMATION**

<b>Payee Name(s):</b> Axon Properties Management Inc.	
<b>Address:</b> 426 Barrie Street, Kingston Ontario K7K 3T9	
<b>Telephone:</b> 613-417-3365	<b>Email:</b> info@axonproperties.ca

**PAYMENT INFORMATION**

<b>Fixed Amount</b>	Your rent amount: _____
<b>Occurring at:</b>	Amount will be withdrawn on a monthly basis.
<b>Occurrence of Withdrawal:</b>	The Payor will withdrawal the total value of rent on the <b>1<sup>st</sup> Banking Day of Each Month.</b>

**Initial**


**PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**  
**Terms & Conditions**



- 1 In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
  
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").
  
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.

This agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca)

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
  
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's Financial Institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
  
6. I understand that with respect to:
  - (i) Fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
  - (ii) Variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/ fifteen (15) calendar days for Electronic PADs before the due date of the first Personal PAD; and
  - (iii) Fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Date