



GLENDALE PROPERTIES INC.

Pre-Authorized Debit (PAD) Agreement

To: Glendale Properties Inc., (the "Payee")

This authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

Instructions: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.

Section # 1-Tenant Information (Please Print Clearly)

Name	
Address	
Unit #	
City	
Province	
Postal Code	
Phone Number	

Section # 2-Bank Account Information

Account #	
Bank Name	
Branch Address	
Bank # (3 digits)	
Transit # (5 digits)	

Section # 3-Pre-Authorized Debit (PAD) Payee Details

Company	Glendale Properties Inc.
Account #	1284-5250520
Address	112 Sheppard Avenue West
City	Toronto
Province	Ontario
Postal Code	M2N 1M5
Phone	416-224-1088
Fax	416-224-1369
Email	info@glendaleproperties.ca

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing the Authorization, we certify that all information contained in the form is accurate and I/we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorized the Payee to draw on our account indicated above with our Financial Institution, for the following purpose: **Rent Payments.**

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____, may be drawn on our account once monthly on the 1st day of each month effective _____, 201 .

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance to the particulars of our Authorization including, but not limited to, the amount, as a condition of honouring a PAD issued by the Payee to our account.

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, we have 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 our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Dispute: We may dispute a pre-authorized Debit in accordance with CPA Rules under the following conditions:

- 1) The PAD was not drawn in accordance with our Authorization: or
- 2) This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 10 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that the claim made after 10 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 60 days prior to the PAD being issued. I/we may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement, at my/our Financial Institution or by visiting www.cdn.pay.ca.

Pre-Notification Waiver: I/we agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, 2017.

Authorized Signatory Signature

Name (Please Print)

Authorized Signatory Signature

Name (Please Print)