

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

PAYOR INFORMATION

Payor Name:	
Address:	
Telephone:	
Signature of Payor:	Date

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION

Branch Number	Institution Number	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

PAYEE INFORMATION

Payee Name: Yuliv Properties Inc.
Address: 3875 St-Urbain, Suite 101, Montreal QC H2W-1T9
Telephone: 514-284-5314 Fax: 514-635-6304 Email: rentals@yuliv.ca

PAYMENT INFORMATION

Please specify whether the payment is a:
(Please check one)

Fixed Amount: (Please specify) _____

Variable Amount: If variable, please specify whether
is a maximum amount or indicate N/A if there is no
maximum amount: _____

Occurring at:
(Please check one)

Set intervals: Please specify the timing (i.e. weekly
bi-weekly, monthly) _____

Sporadic intervals

The Payor must describe the occurrence of an Event or
other criteria that will trigger the debit of the account

Mandatory description here: _____

Are top-ups or adjustments permissible?

Yes

No