

**PRE-AUTHORIZED DEBIT AGREEMENT  
(Payor's PAD Agreement)**

**New Authorization**  **Change to Existing**

Unit: \_\_\_\_\_ Property Name: \_\_\_\_\_

**Payee Information: Credit (Transfer to)**  
 Account Holder(s): New Castle Development Corp.  
 Address: 22-49 Clearsprings Road E Steinbach, MB R5G 1V2

**Payor Information: Debit (Transfer From)**  
 Please notify NewCastle immediately of any changes to account information (email to admin@ncdrentals.com)

Account Holder(s): _____	Financial Institution: _____
Address: _____	Address: _____
Phone Number: _____	
Account Information: Route: _____ Transit: _____ Account: _____	

**Transaction Information**

Amount of Payment: \$ \_\_\_\_\_ Purpose of Payment: Monthly Rent

**Frequency:**  
 Monthly - 1st business day of each month

**Authorization**

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Financial Institution and is provided in consideration of the Authorized Management Company agreeing to process debits (PADs) against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the CPA Rules). By signing this Authorization, I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

\_\_\_\_\_  
*Signature of Payor* *Date*

\_\_\_\_\_  
*Signature of Payor* *Date*

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

**Cancel Payment**  
 ( 30 days notice is required **before** the next PAD will be issued.)

\_\_\_\_\_  
*Signature of Payor* *Date*

\_\_\_\_\_  
*Signature of Payor* *Date*