



Pre-Authorized Payment Authorization

Payor Name(s) _____

Address: _____

City & Province: _____

Phone Number:() _____

I (we) authorize The TVM Group to process a debit, in paper, electronic or other form in the amount of \$ _____ on the first of every month beginning _____ for my/our personal rent.

Name of Financial Institution _____

Branch Address _____

City _____ Province _____

Transit # (5 digits) _____

Chequing Account Number _____

This authority is to remain in effect until The TVM Group has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is schedule at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Signature of Payor(s):

_____ Date _____

_____ Date _____



801 Eglinton Ave. W., Suite 112
Toronto, ON
Canada
M5N 1E3

Tel (416) 256-4394
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www.tvm.ca

PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and The TVM Group and is provided in consideration of The TVM Group agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I(We) hereby authorize The TVM Group to draw on (Name of Payor) account number _____ with (Processing Institution), for the following purpose : monthly rent.

This authorization may be cancelled at any time upon notice by (Name of Payor). I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to The TVM Group.

I(We) acknowledge that provision and delivery of this authorization to The TVM Group constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I(We) undertake to inform The TVM Group, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that The TVM Group is authorized to draw upon is indicated in the accompanying authorization. **A specimen cheque for this account has been marked "VOID" and attached hereto.**

I(We) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I(We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by The TVM Group as a condition to honouring a PAD issued or caused to be issued by The TVM Group on (Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and The TVM Group. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

- (1) the PAD was not drawn in accordance with the Payor's Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

DEFINITIONS

Business PAD : Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal / Household PAD : Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.

Acknowledgment Signature _____



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