



# Pre-Authorized Debits (PADs) Agreement

Date: \_\_\_\_\_

The undersigned hereby authorizes LENYX CORP. as agent of:

Condominium Name: \_\_\_\_\_ Corp #: \_\_\_\_\_

with relation to The Civic Unit(s): \_\_\_\_\_ to debit my/our bank account here provided covering payments due by the undersigned for Condo Fee charges.

### 1. Customer Information (Please print clearly)

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

### 2. Bank Account Information - (To be filled out only if no VOID cheque or bank authorization form can be attached)

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Institution Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

(Check one) - Chequing Account: \_\_\_\_\_ Saving Account: \_\_\_\_\_ Personal Use: \_\_\_\_\_ Business Use: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

Any requests thus drawn by the Payee's bank shall be considered as having been personally signed by me, as specified below:

- I/We authorize to begin deductions from my/our account at any time for monthly regular recurring payments and/or one-time payment from time to time.
- Regular monthly payments will be debited on the **5<sup>th</sup> / 15<sup>th</sup> of each month**. Lenyx Corp will provide a minimum of 10 days' written notice of the amounts of each regular debit. Lenyx Corp will obtain my/our authorization for any other one time or sporadic debits.
- I/we will inform Lenyx Corp in writing of any changes to the account information provided. I/we may revoke my/our authorization at any time by submitting written notice within 30 days. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).
- Lenyx Corp may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days' prior written notification to me/us.
- 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).

**NOTE: Please attach a VOID cheque or Bank Authorization Form to this authorization.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When the form is complete, mail to: **Lenyx Corp: #102, 1111 - 6 Avenue SW, Calgary, AB T2P 5M5.**  
Or you can also e-mail to: [Info@LenyxCorp.ca](mailto:Info@LenyxCorp.ca); Or Fax: 403 265 3740