

<b>1. Customer Information (Please Print Clearly)</b>			
Last Name		First Name	
Unit # and Property Address		Mailing Address	
Phone Number		City	Postal Code
Work Number		Email	
Monthly Rental Payment		<input type="checkbox"/> Return to address <input type="checkbox"/> Destroy <i>If you have submitted post dated cheques, please indicate above</i>	
<b>2. Bank Account Information (PLEASE CHOOSE OPTION A OR B)</b>			
A) Attach a current blank cheque or photocopy marked "void." The name and address should be pre-printed on the cheque. <b>OR</b> B) Have an official from your financial institution provide the following information regarding your current account.			
TRANSIT	INSTITUTION	ACCOUNT NUMBER	
□□□□□□	□□□□	□□□□□□□□□□□□□□	
Name of Financial Institution		<input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account	
Financial Institution Officer's Signature and Stamp		Address of Financial Institution	
<b>3. Pre-Authorized Debit (PAD) Terms and Conditions</b>			
<p>I/we authorize Melchior Management 777 Corporation and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Melchior Management 777 Corporation account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month.</p> <p>This authority is to remain in effect until Melchior Management 777 Corporation has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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 <a href="http://www.payments.ca">www.payments.ca</a></p> <p>Melchior Management 777 Corporation may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.</p> <p>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 <a href="http://www.payments.ca">www.payments.ca</a></p>			
Authorized Signature		Print Name	Date:
<b>FOR OFFICE USE ONLY:</b>	<b>Property Code:</b>	<b>Effective Date:</b>	

Please return Completed Pre-Authorized Debt Form, and a VOID cheque to:  
 Melchior Management 777 Corporation  
 Attention - Payments  
 299 Lakeshore Drive,  
 Suite 300 Barrie, ON  
 L4N 7Y9 P.O. Box 628  
**OR** Scan a copy to [payments@mmcorp.ca](mailto:payments@mmcorp.ca)