

# BAYSHORE

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## Property Management

P.O. Box 606  
 11 Ferris Lane  
 Suite 101 Barrie, ON  
 L4M 4V1  
**Bus:** 705 722-3700  
**Toll Free:** 888 919-0996  
**Fax:** 705 722-6242

### PRE-AUTHORIZATION PAYMENT AGREEMENT

**BAYSHORE PAYMENT MANAGEMENT** hereafter called the Agent for

I/We hereby authorize the Agent through the Agent's bank to issue monthly Pre-Authorized Debits to the Agent for payment of my account with them.

Mr. Mrs. Miss. Ms.	First Name	Initial	Family Name
Address		City	Province
Telephone Number		Postal Code	

I/We hereby authorize: - Bank \_\_\_\_\_

Branch: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C. \_\_\_\_\_

To pay as follows and debit my/our Account (✓)

**SAVINGS**      **CHEQUING**      No. \_\_\_\_\_

### PLEASE INCLUDE A BLANK CHEQUE MARKED "VOID"

- Your treatment of each Pre-Authorized Debit shall be the same as if I/We had personally issued the cheque authorizing you to pay as indicated and to debit the amount specified to my/out account.
- This authorization may be cancelled at any time upon written notice by me/us.
- Any delivery of this authorization to you constitutes delivery by me/us.
- Payments may be adjusted to meet increased costs. Ten Calendar Days Notice will be given prior to the next due date of Pre-Authorized Debit.
- I/We undertake to inform the Agent, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement.
- Your bank/credit union will not complete the electronic transfer if there are insufficient funds in the account. Bayshore Property Management Inc. will submit the electronic withdrawal request a second time. If funds are still not available, the account transferred to an account service representative who will contact you. Bayshore Property Management Inc. is not responsible for bank/credit union or other charges assessed due to insufficient funds.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(as you sign your cheque)