

# PRE-AUTHORIZED PAYMENT PLAN

## Imperial Tower

Suite # \_\_\_\_\_, 1255 Bidwell Street, Vancouver, BC V6G 2K8

The undersigned hereby authorize(s) **CA REALTY LTD dba CREIGHTON AND ASSOCIATES REALTY, as agent** to draw cheques or prepare debits, by paper or electronic entry, covering payments due by the undersigned to **IMPERIAL TOWER** each month for:

Rent	_____	in the amount of	\$ _____
Parking	_____	in the amount of	\$ _____
Storage	_____	in the amount of	\$ _____
Other	_____	in the amount of	\$ _____
<b>TOTAL =</b>			<b>\$ _____</b>

*I agree this amount may be increased in the event of an increase in rent though only if formal written notification has been sent by Creighton and Associates Realty and such notice complies as well with the requirements of the Residential Tenancy Act with regards to notice requirements for any increase in rent*

Monthly debits to commence the 1st day of \_\_\_\_\_, 2010.

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	FIRST NAME	INITIALS	FAMILY NAME	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	ADDRESS		CITY	PROVINCE
				POSTAL CODE

The undernoted financial institution is hereby authorized to pay and debit the account of the undersigned.

NAME OF FINANCIAL INSTITUTION	ADDRESS	CITY	PROVINCE
BRANCH	TYPE OF ACCOUNT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> CHEQUING		ACCOUNT NO.

1. All amounts payable to **CA REALTY LTD. dba CREIGHTON AND ASSOCIATES REALTY., as agent** drawn on or directed to you by a chartered bank on behalf of **IMPERIAL TOWER.**
2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. This authorization may be cancelled at any time upon written notice.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.
5. I will inform the Payee, in writing, of any change in the account information provided in the Authorization prior to the next due date of the Pre-Authorized Debit.
6. I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Authorization.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE** (as you sign your cheque)

**NOTE:** To ensure accuracy, please enclose a specimen cheque marked "VOID".

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

**PLEASE ATTACH A SAMPLE CHEQUE MARKED**

**"VOID"**