



PROPERTY MANAGEMENT SERVICES

169 Hamilton River Road, Suite 100
P.O. Box 418, Station C, Happy Valley-Goose Bay, NL A0P 1C0

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PRE-AUTHORIZED PAYMENT PLAN

I/We authorize Komatik Real Estate 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 rent payments, to be debited the first banking day of each month. This authority is to remain in effect through the duration of the indicated lease period only or until written notification is sent from me/us (for earlier cancellation) to Komatik Real Estate Corp. requesting termination of the Agreement. I/We understand that any modifications to account information (including cancellation) requires ten (10) days written notice before the next Pre-Authorized Payment is due. Please visit the Canadian Payments Association website at www.cdnpay.ca/publications/general.asp for more information regarding your rights and responsibilities when paying your bills using the Pre-Authorized Debit Plan.

Completion of this form authorizes Komatik Real Estate Corp. to deduct monthly rental payments from my bank account in the amount of \$ _____ beginning on month of _____ and _____ day of _____

Tenant Name: _____

Address: _____

Financial Institution: _____

Address: _____ Branch #: _____
_____ Institution #: _____
_____ Account #: _____

Please provide a "VOID" cheque to ensure accuracy

Signature _____ Date: _____

Signature _____ Date: _____

For joint accounts, all signatories to the account must sign form