Pre-authorized Debit (PAD) Agreement

1. Customer In	formation (P	lease print clea	rly)			
Unit #: Nam	e:					
Mailing Address:	_			_		
City:		_Province:		Postal Code:_		
Phone Number:			Email ID:			
2. Bank Accoun	it Information	on				
Deposit Account Number:			Branch Tran	sit Number:		
Financial Institution Number:			CI	hequing Acct	☐ Savings Acct	
Financial Institution:	Name					
	Branch Address	i			_	
*** If you have chequ	es, please send a	VOIDED cheque	along with thi	s completed agr	eement. ***	
3. Pre-Authoriz	ed Debit (P	AD) Details				
You the Payor authorize amount of rent due or		•				
These services are for (check one)		□ pers	☐ personal		☐ business use.	
You the Payor may revidays. To obtain a sam Agreement, contact yo	ple cancellation for	orm, or for more	information of	_		
Signature of Account Holder			Signature of Joint Account Holder (if any)			
Name (Please print)			Name (Please print)			
Date			Date			
You have certain record have the right to receithis PAD Agreement. Institution or visit www.	ve reimbursemen To obtain more in	it for any debit th	nat is not auth	orized or is not	consistent with	

Mail or scan and email this completed form to: Four Green Properties

P.O. Box 16111 Phone: **250-398-6728**

North Vancouver, BC V7J 3S9 Email ID: info@mobilehomeparkbc.com