

Dear Tenant(s):

It is our pleasure to introduce you to the Pre-authorized payment plan offered to all our tenants for rental payment. Attached please find a copy of the Electronic Funds Transfer Pre-Authorization form for your reference. ***This form must be completed and returned to Del Condominium Rentals Inc. before pre-authorized payment could be effective.***

If this is your choice of payment, please fill out the form completely, sign and attach a “void cheque” copy and return it to our office. Confirmation of receipt of your forms with the commencement date of the Pre-authorized payment will be sent via email or facsimile.

**Please note that we only accept one void cheque (one bank account) for each unit.
Please use Chequing or Savings Account.
*Other Bank Account e.g. Line of Credit/Credit Card Account, will not be accepted.***

Please note that Pre-authorized payment plan is applicable for future rental payment only. **This authorization does not cover your utilities bill payment.**

Money Order or Certified Cheque is required for the pro-rated rent (if applicable), first & last month’s rent and garage remote and/or access cards deposit.

By signing and returning the Electronic Funds Transfer Pre-Authorization Form for rental payment of your suite, you acknowledge that:

- 1 Due Date of the pre-authorization debit will be **the first of each month.**
- 2 You must notify our office in writing of any changes in the account information or termination of this authorization **15 days prior** to the next due date of the pre-authorization debit and provide us with rent cheque accordingly.
- 3 You agree to pay a \$35.00 administration charge on any request for payment rejected by your financial institution for any reason thereof.

If you have any questions regarding the above, please do not hesitate to contact our office at 416-296-1012.

Thank you for the opportunity to improve our services.

Yours truly,
DEL CONDOMINIUM RENTALS

Jenny Lau
Jr. Accountant



ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION

Please **complete all** sections, **sign and return** this form together with **a blank cheque marked "VOID"** to the Payee by mail or by fax.

Payee: **DEL CONDOMINIUM RENTALS INC.**
ENTRANCE A, 4800 Dufferin Street, Toronto, ON M3H 5S9
Telephone: 416-296-1012 Fax: 416-296-8961

Information of Payor(s)

Payor(s) Name: _____ (Tenant)

Address of Rental Property: _____

Telephone: Home (_____) _____ Office (_____) _____ Fax (_____) _____

Email Address: _____

Payor Financial Institution/Banking Information

New Changed bank information

**This form must be completed and returned to
Del Condominium Rentals Inc.
before pre-authorized payment could be effective.**

Please attach a copy of your void cheque

This authorization DOES NOT cover your utilities bill payment.

Terms and Conditions

I (We) authorize the payee to debit my (our account) as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this Authorization.

I (We) may revoke this Authorization at any time by delivering a written notice of revocation to the Payee.

I (We) will notify the Payee in writing of any changes in the account information or termination of this authorization 15 days prior to the next due date of the pre-authorization debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days:

- a) I (We) never provided authorization to the payee;
- b) The pre-authorization debit was not drawn in accordance with my (our) authorization;
- c) My (our) authorization was revoked;
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (We) authorize **DEL CONDOMINIUM RENTALS INC.** to process a debit, in paper, electronic or other form in the amount of \$_____ on my (our) account on the first day of each and every month, beginning ____/____/____ (day/month/year).

This amount may be increased or decreased in accordance with the annual rent increase percentage stipulated by Ontario Rental Housing Tribunal. I (We) understand that **DEL CONDOMINIUM RENTALS INC.** will advise to the best of its ability, in writing of the revised amount.

I (We) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions as detailed above.

I (We) warrant that all persons whose signature(s) are required to sign on this account have signed on this Electronic Funds Transfer Pre-Authorization.

Signature of Account Holder (Payor)

Date

Signature of Account Holder (Payor)

Date