



PRE-AUTHORIZED DEBIT (PAD) SERVICE

NAME(S): I/We _____ of

ADDRESS _____

PHONE # _____

Agree to the following:

1. To allow **PICKET FENCE PROPERTY MANAGEMENT GROUP of SUTTON GROUP WEST COAST TO DEBIT MY/OUR ACCOUNT** for the purpose of: **COLLECTING RENTAL PAYMENTS.**
2. **The monthly debit amount is \$ _____**
3. **The payments are to begin on _____.**
4. Should the monthly rental amount increase the new amount will be automatically updated and my account debited on the agreed day of the month.
5. If this PAD service requires changes or termination to the pre-authorized debit account, a written notification must be emailed to Admin@picketfencepmg.com 10 days prior to the PAD withdrawal.
6. All returns will be automatically retried 5 days after the return.
7. A \$25 fee will be added to each payment returned NSF.

ATTACH VOID CHEQUE HERE

Banking Information:

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Transit Number

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Institution Code

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Account Number

The undersigned hereby confirms their authorization in accordance with the provisions contained herein: warrants that all persons whose signatures are required to sign on this account have signed below; guarantees all information contained herein is correct and to the best of their knowledge; and is/are solely responsible for any consequences due to providing fraudulent information contained herein.

Signature _____ Date _____