



## PRE-AUTHORIZED DEPOSIT SERVICE

NAME(S): I/We \_\_\_\_\_ of

ADDRESS \_\_\_\_\_

### Agree to the following:

1. To allow **PICKET FENCE PROPERTY MANAGEMENT GROUP** of SUTTON GROUP WEST COAST TO CREDIT MY/OUR ACCOUNT for the purpose of: **DEPOSITING RENTAL INCOME.**
2. The Payments will be deposited to my account between the 10 - 15<sup>th</sup> of each month.
3. Should there be an error in the amount deposited the deposit will automatically be reversed.
4. If this PAD service requires changes or termination to the pre-authorized deposit account, a written notification must be emailed to [Admin@picketfencepmg.com](mailto:Admin@picketfencepmg.com) 10 days prior to the PAD withdrawal.

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 \_\_\_\_\_

Phone#: \_\_\_\_\_