

Effective Date: _____

Universal Realty Ltd.
621B Main Street.
Saskatoon, SK S7H 0J8
306-652-7736

Property: _____

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBIT

1. "I", "We", "Our", "My", "Me", "Payor" refers to the person signing this agreement. Pre Authorized Debit (PAD) means a pre-authorized debit payment time in electronic form drawn pursuant to this agreement on my account at my Financial Institution (FI).

2. I/we warrant and represent that the following information is accurate and authorize the processing of a **MONTHLY** PAD through my/our account:

Name(s): _____, _____

Address: _____

Postal _____ Phone _____

Financial Instruction Name: _____

Address: _____ Phone _____

BRANCH # _____ BANK # _____ ACCOUNT # _____

3. The Payee may issue a MONTHLY PAD in the amount of \$ _____.

4. I/we understand and undertake that:
This authorization is provided for the benefit of the Payee, **Universal Realty Ltd.** and my FI where I have my account. My FI agrees to process debits against my/our account, in accordance with the rules of the Canadian Payments Association;
Giving this authorization to the Company is the same as giving it to my FI; My FI is not required to verify that the PAD conforms to my authorization;
My FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
Revoking this authorization does not terminate any contract between me and the Company. My authorization applies only to the method of payment and does not otherwise have any bearing on the contract.

5. The Company and I agree to hereby waive all notification requirements from the Company for variable amount PAD's

6. I/we may cancel the Authorization at any time upon providing written notice to the Payee or by signing the cancellation area below. Notice of cancellation must be given at least 10 days prior to the next debit due date. To obtain a sample cancellation or for more information on my/our recourse rights, contact my/our financial institution or visit www.cdnpay.ca

7. I/we confirm and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below and that all of the personal and account information recorded in Agreement is correct. I/we will inform the company in writing of any change to such information at least 10 business days prior to the next due date of the PAD.

8. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I /we may contact my/our FI or visit www.cdnpay.ca.

9. (a). I/we may dispute a PAD and make claim for reimbursement if:
- (i) the PAD was not drawn in accordance with this Agreement or
 - (ii) the Agreement was revoked; or
 - (iii) no Agreement exists between me and the purported Payee.

(b) I understand if I am claiming reimbursement, I must within 90 calendar days of the date of posting of a personal PAD or funds transfer PAD or 10 business days in the case of a business PAD, complete a declaration to my FI that I have a claim for one of the reasons given in the preceding paragraph

(c) In the case where the declared condition is “no Agreement exists between me and the purported Payee” I may claim reimbursement within 90 calendar days after posting date on my account statement which allowed the improperly processed debit.

(d) I understand that any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any funds transfer PADs is strictly a matter between me and the Company

10. I/we understand and accept the terms of participating in this PAD plan.

Payor’s Signature(s), _____

Dated _____

Authorization to cancel PAD:

Signature_____

Date:_____