



How To Complete and Submit Your Online Payment Form

If you have any questions about this application, please contact us at **1.877.323.3997**

WHEN DO I COMPLETE THIS FORM?

If you wish to apply for Online Payment or if you are already enrolled and wish to make changes.

HOW DO I COMPLETE THIS FORM?

By using Acrobat Reader Viewer, you may print a blank form and complete it by hand. Sign the completed form and keep a photocopy of the signed form for your records.

HOW DO I SUBMIT THIS FORM?

You may mail, fax or email this completed form to:

Prevista Inc.

2348 Chemin Lucerne

Suite # 548

Mont-Royal (Québec)

H3R 2J8

Fax: 1.877.323.3997

email : info@previstagroup.com

WHAT ATTACHMENTS MUST I SEND WITH THIS FORM?

Please attach a VOID cheque to this form.



Payor’s Authorization For Pre-Authorized Debits For Personal/Household Purposes

To: **Prevista Inc.** (the “Payee”)

1. Name and Address of tenant (the “Payor”) – *please print*

Payor warrants and represents that the following information is accurate and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

<input type="checkbox"/> MR.	<input type="checkbox"/> MISS	LAST NAME	FIRST NAME
<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.		
STREET ADDRESS			UNIT #
CITY	PROVINCE	POSTAL CODE	
TELEPHONE NUMBER (RESIDENCE)		TELEPHONE NUMBER (WORK, CELLULAR)	

NAME OF PAYOR’S FINANCIAL INSTITUTION (THE “FINANCIAL INSTITUTION”)		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	ACCOUNT NUMBER	

The purpose of this debit is for personal/household pre-approved debit. Attached is a specimen cheque marked “VOID” to this Payor authorization (the “Authorization”).

The Payor will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the Pre-Authorized Debits (“PAD”) (as defined in Rule H4 of the Rules of the Canadian Payments Association).

2. The Payor acknowledges that the Authorization is provided for the benefit of the Payee and the Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits against my/our account, as listed above, (the “Account”) in accordance with the Rules of the Canadian Payments Association.
3. The Payor hereby authorizes the Payee to issue a PAD drawn on the Account, in the amount of \$_____ on the 1st day of each month for payments payable to the Payee in respect of rent and other charges.
4. The Payor acknowledges that provision and delivery of the Authorization to the Payee constitutes delivery by the Payor to the Financial Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by Payor.
5. The Payee will provide to the Payor, at the address provided in Section 1:
 - (a) written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date;
 - (b) with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least ten (10) calendar days before the Payment Date of **every** PAD; and



(c) with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of the Payor (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by the Payor for a payment obligation that meets the requirements of Section 1 or Rule H4, no notice is required.

6. The Payor acknowledges that the Financial Institution is not required to verify that any PAD drawn by the Payee has been issued in accordance with the Authorization or the agreement including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.

7. The Payor may dispute a PAD only under the following conditions:

- (i) the PAD was not drawn in accordance with the Authorization;
- (ii) the Authorization was revoked; or
- (iii) pre-notification, as required under Section 5 was not received.

The Payor acknowledges that in order to be reimbursed, a declaration to the effect that either (i), (ii) or (iii) took place, and presented to the branch of the Financial Institution holding the Account up to and including ninety (90) calendar days after the date on which the PAD in dispute was posted to the Account.

The Payor acknowledges that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

8. The Payor acknowledges that in order to revoke this Authorization, the Customer must provide written notice to the Payee. This Authorization may be cancelled at any time upon written notice by the Customer to the Payee. Revocation of this authorization does not terminate any contract for goods or services that exists between The Payor and The Payee. The Payor’s PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

9. The Payor agrees that the information contained in the Authorization may be disclosed to the Financial Institution as required to complete any PAD transaction.

10. The Payor understands and accepts the terms of participating in this PAD plan. The Payor acknowledges receipt of a signed copy of this Authorization form.

Authorized Signature(s) of Account Holder(s)

Date

Print Name (in full)

Authorized Signature(s) of Account Holder(s)

Date

Print Name (in full)