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## PRE-AUTHORIZED PAYMENTS [PAP] SERVICE

The undersigned hereby authorize(s) Columbia Property Management Ltd. to draw monthly cheques or prepared debits, by paper or electronic entry, covering payments due to the undersigned to Columbia Property Management Ltd. for monthly rent, in the amount of \$\_\_\_\_\_. Payments will be processed monthly on the 1<sup>st</sup> day of the month.

### PLEASE COMPLETE IN FULL:

MR.  MISS FIRST NAME INITIALS SURNAME HOME/WORK PHONE  
 MS.  MRS.

ADDRESS CITY PROVINCE

CONTACT VIA EMAIL\_\_\_\_\_

RENTAL ADDRESS: (if different from above)

UNIT # \_\_\_\_\_ ADDRESS \_\_\_\_\_

### BANK INFORMATION:

**NOTE: To ensure accuracy, a 'VOID' cheque or 'PRINTOUT' from your bank MUST be submitted with this form. For a joint account, all depositors MUST sign if more than one signature is required on cheques issued against the account.**

The above noted financial institution is hereby authorized to pay and debit the account of the undersigned. All amounts payable to Columbia Property Management Ltd. In Trust drawn on or directed to you by a chartered bank on behalf of Columbia Property Management Ltd. In Trust.

Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.

**This authorization may be cancelled at any time upon written notice and must be received prior to the 20<sup>th</sup> of the month.**

1. To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
2. Certain recourse rights apply if any debit does not comply with this agreement. To obtain more information on recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Should there be a rent increase, your pre-authorized payment will be adjusted accordingly.**

By signing below, you agree that no pre-notification will be provided in events of said increase.

DATE \_\_\_\_\_

SIGNATURE AS YOU SIGN YOUR CHEQUES \_\_\_\_\_

Your pre-authorized payment form must be received in our office by the 20<sup>TH</sup> of the month in order for your payment to come out on the 1<sup>st</sup> of the following month. Since the PAP program is not retroactive, please also enclose a cheque for any balance owing prior to PAP commencement.

A \$50.00 service charge will apply for non-sufficient funds.