



# The Evernew Group

## Direct Debit Authorization Form

To authorize **The Evernew Group** to receive payments debited from your account, complete all sections of this form. Sign the form on the reverse side.

**PAYEE :**            **The Evernew Group**  
1476 County Rd 46 Rd South Woodslee ON N0R 1V0    Phone:  
Email: admin@evernewgroup.ca

### **THE EVERNEW GROUP TENANT (PAYOR) INFORMATION (Please Print)**

Business Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**The Evernew Group** Tenant Reference Number: \_\_\_\_\_

### **TENANT'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:**

Attach a **VOID cheque/banking information form** or have your Financial Institution fill out the section below.

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b>Financial Institution Use Only, Please</b>	
<b>Account Number at F.I.:</b> -----	
<b>Institution #</b> (Route)	<b>Branch #</b> (Transit)
-----	-----

<b>F.I. Branch to Stamp &amp; Sign as Verification</b>	
F.I. Staff Signature	Date



# The Evernew Group

## Direct Debit Authorization Form

### **AGREEMENT BETWEEN THE EVERNEW GROUP AND TENANT(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:**

I/We acknowledge that this authorization is provided for the benefit of the **Regan Realty Holdings Inc.** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of Payments Canada.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I/We hereby authorize **The Evernew Group** to draw on my/our account, with my financial institution as indicated on the reverse of this authorization for the following purpose:

- Specify the category (choose one only) –  **Personal** or  **Business**
- Specify the purpose – rent payment
- If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature

Amount of Payment:  Fixed \$ \_\_\_\_\_  Variable (maximum amount) \$ \_\_\_\_\_

The authorized frequency of debit transaction is **monthly** on the \_\_\_\_\_ of every month, beginning on \_\_\_\_\_

**Regan Realty Holdings Inc.** will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).

Pre-notification may be given to me/us in writing or by \_\_\_\_\_ (mode agreed upon, i.e.: written, e-mail etc.)

or

I/we hereby waive pre-notification. Accepted by: \_\_\_\_\_ (authorized signature(s))

This agreement may be cancelled at any time by providing **The Evernew Group** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **The Evernew Group**. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca>.

This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **The Evernew Group**.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- this Payor's PAD Agreement was revoked; or
- pre-notification was not received, and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **The Evernew Group**. To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca>.

I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.



**The Evernew Group**  
Direct Debit Authorization Form

---

**Tenant Signature:**

**Date:**

---

**Tenant Signature:**

**Date:**

---