Pre-Authorized Debit (PAD) Form

Cosmos Properties and Developments Limited Telephone (902) 457-5375 Fax 902-445-9648

. Client Information	
Name:	
Street Address:	Apartment #:
City:	Province: Postal Code
Telephone Number: _	·
. Bank Account Inform	nation
Deposit Account	Branch Transit
Number	Number
Financial Institution Numb	per Checking Account Savings Account
	e
	ch Address:
Aiso attacii	a voided copy of a cheque from the account to be debited.
3. Pre-Authorized Debit	(PAD) Details
You,	(Tenant Name) authorize Cosmos Properties and
Developments Limited	d to debit the bank account identified above in the amount of
	rental amount) on the first day of each month as payment for rent on
apartment number	at, Halifax, NS. This authorization
will cover future rent i	increases where by Cosmos Properties and Developments Limited
have provided proper	written notification to me and a copy of this notification is on file at
their office in accordan	nce with the Nova Scotia Residential Tenancies Act.
These services are for	personal business use
You,	(Tenant Name) may revoke this authorization at any time
upon written notificati	ion being received at the general office of Cosmos Properties and
Developments, 80 Car	melot Lane, Suite 80, Halifax, NS, B3M 4K8, or the Superintendent
in your building, at lea	ast 5 working days prior to the 1 st day of the month in which the
	is to cease.
Pre-Authorized Debit	Halden Cieneture of Leint Assesset Halden as a second
Pre-Authorized Debit Signature of Account	Holder Signature of Joint Account Holders (if Applicable
	_
Signature of Account	Name:
Signature of Account Name:	Name:
Signature of Account Name:	Name:Name