

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES

1. Payor's Name and Address, "PLEASE PRINT"

I/We warrant and represent that the following information is accurate.

Mr/Mrs/Ms/Miss	Surname	First Name
Street Address		
City	Postal Code	Telephone Number
Name of Payor's Financial Institution ("the processing institution")		
Street Address		
City	Postal Code	Telephone Number

I/We have attached a specimen cheque marked "VOID" to this payor authorization ("The Authorization")

I/We 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 P.A.D.

2. Payee's Name and Address, "PLEASE PRINT"

Name of Payee (the "Payee")		
Osgoode Properties Ltd. For _____		
Street Address		
1284 Wellington Street		
City	Postal Code	Telephone Number
Ottawa	K1Y 3A9	(613) 729-0656

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, ("the Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorized the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:
"MONTHLY RENTAL PAYMENT"

6. I/We may cancel the Authorization at any time upon providing written notice to the Payee.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of this Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide to me/us, at the address in section 1;
 - (i) with respect to fixed amount PAD's, written notice of the amount to be debited ("the Payment Amount and the date(s) on which the Payment amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).
 - (ii) with respect to variable amount PAD's, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD; and
 - (iii) with respect to PAD plan that provided for the issuance of a PAD in response to a direct action of mine/ours (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 me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.
9. The Payee must issue a PAD in a dollar amount up to a maximum of \$ _____ and any increase in my/our monthly rental amount.
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization 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 honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or service exchanged.
12. I/We 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 8 was not received

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

I/We Acknowledge that when disputing any PAD beyond the time allowed in the section is a matter to be resolved solely between me/us and the Payee, outside the payments system.
13. I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.

Payor's Signature _____

Payor's Signature _____

Date _____