## PREAUTHORIZED DEBIT FORM

1-888-TEMPO-20 (1-888-836-7620)

info@TempoProperty.com



Please completely fill this form and provide a VOID cheque.

If you do not have cheques, you can get a copy of the information required from your financial institution.

I/We

authorize TEMPO PROPERTY MANAGEMENT LTD. and the financial

institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly or regular reoccurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s) with **TEMPO PROPERTY MANAGEMENT LTD**.

## **PERSONAL INFORMATION**

FIRST NAME	MIDDLE	MIDDLE		LAST		
STREET ADDRESS		UNIT #		CITY		POSTAL CODE
HOME PHONE	CELL PHONE			EMAIL ADDRESS		
TYPE OF SERVICE:	PERSONAL					
(Check one)	BUSINESS					
		BANK	ING INFO	RMATION		
NAME OF FINANCIAL INSTITUTION		ADD	ADDRESS OF FINANCIAL INSTITUTION			
					_	
BANK NUMBER [3 DIGITS]	IK NUMBER [3 DIGITS] TRANSIT NUMBER [5 Digits]			ACCOUNT NUMBER		
		PAYN	MENT FRE	EQUENCY		
I/We authorize TEM	PO Property Manage	ement Ltd. t	o debit my ac	count \$	on	the <b>1st and 15th</b> of each month
I/We authorize TEM	PO Property Manage	ement Ltd. t	o debit my ac	count \$	on 1	the <b>1st</b> of each month
AUTHORIZATED SIGNATURE						DATE
Print Name:						
Debits will sh	ow as payments t	to <b>TEMPO</b>	PROPERTY	MANAGEMENT	<b>LTD.</b> c	on your bank statement.
	ast 10 business days b	efore the nex	t debit is scheo	duled at the address	s provide	om you of its change or termination. This d below. You may obtain a sample cancellation or by visiting www.cdnpay.ca
_	nt with this Agreemer	nt. To obtain a	-		-	ght to receive reimbursement for any debit that nore information on your recourse rights,
<b>RETURN THIS FORM TO TEMPO Property Management</b>						