



THE MILLS RESIDENCES

1470 Queen St, Suite 100
Halifax, NS B3J 0L2
www.themillsresidences.ca

PRE AUTHORIZED DEBIT AGREEMENT (PAD)

1. Customer Information

First Name: _____ Last Name: _____
Street Address: _____ Phone #: _____
City: _____ Cell #: _____
Province: _____ Work #: _____
Postal Code: _____ Email: _____

2. Bank Account Information (please attach a void cheque or print out from your bank)

Deposit Account Number: _____
Branch Transit Number: _____
Bank Number: _____ Chequing Savings
Financial Institution: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize The Mills Residences to debit the bank account identified above for \$ _____ on the 1st of every month or the next business day. The total will include rent, parking and storage, if applicable. In future, if there should be a change to the monthly debit, we will contact you.

These services are for (check one): Personal use Business use

You, the Payor, may revoke your authorization by providing 30 days notice in writing by:

Mail: The Mills Residences, 1470 Queen St, Suite 100, Halifax, NS B3J 0L2
Fax: 902-425-6988 or by email: to info@themillshfx.ca

Signature of Account Holder

Name (please print): _____
Date (dd/mm/yyyy): _____

Signature of Joint Account Holder (if applicable)

Name (please print): _____
Date (dd/mm/yyyy): _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Form must be Completed And Submitted to the above Address

For Office Use Only
Mills Company Holdings Limited ACCT. No. _____
Date Form received by Mills Company Holdings Limited (dd/mm/yyyy): _____
Amount of Direct Debit from Bank: _____ Date of first Debit (dd/mm/yyyy): _____