Resident's Copy	
Office Copy	

Pre-Authorized Debit (PAD) Form

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

1. Client Informatio	1	
Name:		
	Аړ	
City:	Province: I	Postal Code
Telephone Number:	<u> </u>	
2. Bank Account Inj	ormation	
Deposit Account	Branch Tra	ansit
Number	Nur	mber
Financial Institution Number	Checking Acco	unt Savings Account
Financial Institution: Name		
Branch Address:		
Also attac	a voided copy of a cheque from	n the account to be debited.
3. Pre-Authorized D	ebit (PAD) Details	
You,	(Tenant Name) authorize	Cosmos Properties and Developments
Limited to debit the ban	account identified above in the	ne amount of \$ (monthly rental
		nt on apartment number at
		on will cover future rent increases whe
		provided proper written notification to
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me and a conv of this no	tification is on file at their offic	ce in accordance with the Nova Scotia
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Residential Tenancies A	et.	
Residential Tenancies A These services are for	ct.	ousiness use.
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Residential Tenancies A These services are for Pre-Authorized Debit is You,	ct. personal to begin on Date (Tenant Name) may revol	ousiness use. 1, 2013. ke this authorization at any time upon
Residential Tenancies A These services are for Pre-Authorized Debit is You, written notification bein	ct. personal to begin on Date (Tenant Name) may revolute received at the general office	ousiness use.
Residential Tenancies A These services are for Pre-Authorized Debit is You, written notification bein 80 Camelot Lane, Suite	to begin on Date (Tenant Name) may revolute received at the general office 80, Halifax, NS, B3M 4K8, or	1, 2013. Let this authorization at any time upon of Cosmos Properties & Development the Resident Manager in your building
Residential Tenancies A These services are for Pre-Authorized Debit is You, written notification bein 80 Camelot Lane, Suite least 5 working days pri	to begin on Date (Tenant Name) may revolute received at the general office 80, Halifax, NS, B3M 4K8, or	ousiness use.
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