

Key Four Properties In-Office/Electronic Payment Authorization Form

General Information

Tenant/Payer Full Name

Property Name (if applicable)

Address including unit # (if applicable)

City

Province

Postal Code

Payment Information *Please Note from the payment date it will take 1-2 business days to clear your chequing account. You acknowledge that Kay Four Properties will pull the rent using RentManager on the last business day of the month expecting that it will show on your account the next day. Please be sure funds are available before processing your payment. You allow all fees due being rent, late fees, or other legally assessed fees to be withdrawn each month. Amounts withdrawn will increase as rent increases.

Payment Type (Choose 1 and fill out the corresponding section below)

EFT = (\$ FREE CAD)
(Incurred by Kay Four Properties Inc)

Visa/Master Card = (\$ 3.52% CAD)
(Incurred by the Tenant/Payer)

Credit Card Account Information –Transaction Fee charged to tenant

Credit Card Number

Expiration Date (mm/yy)

Security Code (CVV)

Name as it appears on card

Email Address for Receipt

Phone Number

Billing Address

City

Province

Postal Code

Cheque Information (FOR EFT Payment) – No fee charged to tenant

Account Holder Name

Phone Number

Billing Address

City

Province

Postal Code

Email Address for Receipt

Transit # (5 digits)

Institution # (3 digits)

Account Number



Terms & Conditions

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. In consideration of PayLease's performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement. I agree that I will be assessed an NSF/Return fee if my bank account has insufficient funds to cover my payment on the designated day of debit. I authorize PayLease to debit my credit card or checking account submitted above for the amount stated, plus any natural increase in rent, on the day specified and for the duration of time specified. I waive the right to dispute any debits made by PayLease on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH/EFT") transactions to my Account must comply with all applicable Provincial and Federal laws. I may revoke my authorization at any time subject to provide notice, in writing, of said revocation, no less than 30 (thirty) days prior to the end of a given month. A sample cancellation form is available at your financial institution or by visiting www.cdnpay.ca.

Tenant Name (Print)

Tenant Signature

Date