

NATHAN REID HOLDINGS LTD.

2781 Townline Road

Cambridge, ON

N3C 2V3

Tel: (519) 249-1201

Fax: (519) 249-1700

Pre-Authorized Debit Agreement

I/we authorize Nathan Reid Holdings 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 regular recurring payment and/or one-time payments from time to time, for payment of all charges arising under my/our lease with Nathan Reid Holdings Ltd. Nathan Reid Holdings Ltd. will obtain my/our authorization for any other one-time debits. A fee of \$35.00 will be charged for any NSF rental payments.

This authority is to remain in effect until Nathan Reid Holdings Ltd. has received written notification from me/us of its change or termination or the termination of my/our lease with Nathan Reid Holdings. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our rights to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca

Nathan Reid Holdings Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement or the terms of my/our lease. I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

NAME: _____ **DATE:** _____

Type of Service: Personal Rent _____ (Please Check)

Monthly on the First of each Month: _____ **(Amount)**

Address: _____

Phone Number: _____

Financial Institution: _____

Account Number: _____

Transit Number: _____

Address of Financial Institution: _____

Please attach a void cheque to this form.