



Peacock Hospitality Group INC
 2021 Hwy #3
 Fernie BC V0B 1M1



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Peacock Hospitality Group INC 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 rent payments and/or one-time payments from time to time, for payment of all charges arising under my/our tenancy at Evergreen apartments. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Peacock Hospitality Group will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Peacock Hospitality Group has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. Notice of termination must be sent to Peacock Hospitality or handed in in person at Super 8 Fernie. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Peacock Hospitality Group INC 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. For example, 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

*****Incomplete PAD Forms will not be processed*****



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Fernie, BC V0B 1M1



PLEASE PRINT CLEARLY

Name(s):

Account Number:

Address:

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ (Cell.) _____

Email:

Financial Institution (FI): _____

FI Account Number: _____

FI Transit Number (5 digits): _____

FI Institution Number (3 digits): _____

Bank Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Date Signed: _____

*****Please attached a void cheque or direct debit form.*****