

**RCC Real Estate Services Ltd. Pre-Authorized Debit (PAD) Plan**

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

I/we authorize RCC Real Estate Services 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 payments and/or one-time payments from time to time, for payment of all charges arising under my/our RCC Real Estate Services Ltd. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the **3rd day of each month**. RCC Real Estate Services Ltd. will provide 10 days written notice of the amount of each regular debit. RCC Real Estate Services Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until RCC Real Estate Services Ltd. 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 at the address provided below. 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.

RCC Real Estate Services 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. 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.

**PLEASE PRINT**  Personal Use  Business Use

Account #: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone # (Res.): \_\_\_\_\_

Phone # (Cell): \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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