

**AUTOMATIC DEBIT AUTHORIZATION FORM - Residential**

To: SOUTH ISLAND PROPERTY MANAGEMENT LTD  
100-3581 Shelbourne Street  
Victoria, BC V8P 4G8

My/Our Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Rental Address: \_\_\_\_\_

The signature(s) below constitute all of the signatures required on the above bank account.

By this document, I/we authorize South Island Property Management Ltd (SIPM) to debit my/our bank account indicated above, in the amount of \$\_\_\_\_\_ on the **first day of each and every month**, beginning with the month of \_\_\_\_\_, 2017 and continuing until such time as I/we, cancel or alter this authorization by delivering fifteen business days' written notice to SIPM.

I/We further authorize SIPM to alter this amount on the effective date of any properly served notice of rental adjustment to reflect my new amount, without specific additional notice to me.

In the event that I/we move my/our account from one bank or branch to another, or if there is any other change in my/our bank account that would affect this authorization, or should I/we cancel this authorization, I/we accept responsibility for providing a minimum of **fifteen business days' written notice** to SIPM. **I understand that any notice given under this paragraph does not constitute proper written notice to end my tenancy or alter any term thereof.**

I/We understand and agree that my/our obligation to SIPM and/or the Owner, does not end, should I/we cancel this authorization or stop or defer any payment hereunder. I/We understand such obligation ends only when all of my obligations under the lease or tenancy agreement have been met.

I understand that, within this document, words imparting the singular shall also mean plural and vice versa, except where the context indicates otherwise.

I/We agree to notify SIPM promptly of any incorrect amount processed against my/our account under this authorization, and SIPM agrees to correct same as soon as possible.

The signature(s) below constitute all of the signatures required on the above bank statement.

**I/we attach a blank cheque, marked 'VOID' or bank printout with the correct banking information.**

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

**PLEASE RETURN THIS FORM SEVEN WORKING DAYS BEFORE THE EFFECTIVE DATE OF YOUR AUTHORIZATION, TO ALLOW FOR ADEQUATE PROCESSING TIME.**