

Payment Information GEC Kingsway

CHEQUE

Cheques should be written to: **GEC Living Kingsway Inc.**

Post-dated cheques for the entire tenancy must be provided at move-in (ie. if the booking is for 6 months, 6 post-dated cheques must be provided at check-in).

Cheque payments may be made in person or be mailed to the GEC Viva head office, located at:

GEC Viva
103-1311 Howe Street
Vancouver, BC V6Z 2P3
Canada

Rental cheques are deposited on the 1st of each month, please ensure that there are sufficient funds in the account to process the transaction. If rent payment is late due to insufficient funds, the tenant will be subject to late fees and applicable returned payment charges from the financial institution.

DIRECT DEBIT

Direct debit is available for residents with a minimum tenancy of four months (submit by the 20th of each month, along with a void cheque). To authorize a direct debit, please complete the direct debit authorization form attached to the end of this document and return it to the office at: GEC Kingsway Office, 4589 Gladstone St, Vancouver, BC V5N 2T4 Canada.

WIRE TRANSFER

To ensure that your wire transfer is properly allocated to your account, please email your Leasing Advisor with the wire transfer transaction number. Note that all wire transfers might be charged an extra \$15 handling fee.

Beneficiary bank: BMO Bank of Montreal
Bank address: Suite 105, 777 West Broadway, Vancouver, BC, V5Z 4J7
Beneficiary address: Suite 1200, 777 West Broadway, Vancouver, BC, V5Z 4J7
Canadian bank/institution number: 001
Transit number: 2715 (or 27150 if a 5-digit number is required)
Swift code: BOFMCAM2

Account number: 1997215
Beneficiary name: GEC Living Kingsway Inc.

Authorization For Consumer Pre-Authorized Debit Plan

Authorization of the Payer to the Payee to Direct Debit an Account

INSTRUCTIONS

1. Please complete all sections and return the completed form with a blank cheque marked "VOID" to the office staff 2 weeks (or 10 working days) prior to the first payment due date. Payment of Rent is due on the first of each and every month.
2. Please read and sign the Terms and Conditions for "Authorization for Consumer Pre-Authorized Debit Plan" below.
3. For any changes such as bank account information or cancellation, please notify us at least 2 weeks (or 10 working days) prior to payment due date. You may obtain further information on your right to cancel a PAD agreement at your financial institution or by visiting www.cdnpay.ca.

PAYER INFORMATION *(Please type or print clearly)*

Payer Name:	
Payment Amount:	Commencing Date:
Address:	
Phone:	
Signature of Payer:	Date:

PAYER FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch #:	Institution #:	Account #:
Name of Financial Institution:		
Branch:		
Branch Address:		
City/Province:	Postal Code:	

PAYEE INFORMATION

Payee Name (s): GEC Living Kingsway Inc.
Address: Suite 1200, 777 West Broadway, Vancouver, BC, V5Z 4J7
Phone: 604 669 6686

TERMS & CONDITIONS

1. In this Authorization, "I", "me", and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Consumer PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits.

This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Consumer PAD, and any Consumer PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me and, in the case of paper debits, as if they were cheques signed by me.

3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency, and fulfillment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
6. I understand that with respect to:
 - (a) fixed amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (b) variable amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Consumer PAD; and
 - (c) a Consumer PAD Plan that provides for the issuance of a Consumer PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Consumer PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
7. I may dispute a Consumer PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - (a) the Consumer PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) any pre-notification required by section 6 was not received by me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Consumer PAD, I must sign a declaration to the effect that either (a), (b), or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Consumer PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnipay.ca.

Name of Account Holder

Signature

Date

FOR OFFICE USE

For Office:

Building:	Unit #:
Signature of Staff Member:	Date:

For Accounting:

Date Input:
Prepared By:
Remarks: