



Sussex Realty

PROPERTY MANAGEMENT • REAL ESTATE

274 Osborne Street N. Winnipeg, MB R3C 0M7 Ph: (204) 488-4444 Fax: (204) 489-8319

Direct Debit Enrollment/Authorization

Name(s): _____

Address: _____

Phone Number(s): _____

Email Address(es): _____

I/we authorize Sussex Realty to process a debit, in paper, electronic, or other form in the amount of:

My Rent Amount: \$ _____

or

My Condo Fee Amount: \$ _____

From my account monthly beginning on: _____
(Date)

Note: Withdrawals only occur on the first business day of each month.

I acknowledge that I have read and understand all of the provisions contained in the Terms and Conditions of the Direct Debit Payment Authorization and that I have received a copy.

Signature: _____

Date: _____

Signature: _____

Date: _____

Monthly payment amount above subject to annual increase with notice from Sussex Realty in accordance with applicable legislation.

This form must be submitted with a Voided Cheque before the 25th day of the month or it may not be processed.

Any changes to your current Direct Debit must also be submitted before the 25th day of the month or it may not be processed.

Please be advised that there is a \$60.00 fee for Non-sufficient funds.

Please submit this form via email to Jenn at jennv@sussexrealty.ca



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DIRECT DEBIT PAYMENTS TERMS & CONDITIONS

“I/we acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.”

“I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.”

“This authorization may be cancelled at any time upon notice by (Name of Payor). I/we acknowledge that, in order to revoke this authorization, I/we must provide notice of revocation to (Name of Payee).”

“I/we acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).”

“I/we undertake to inform (Name of Payee), in writing, of any change in the account information provided in this authorization prior to the next due date of the DIRECT DEBIT.”

“I/we acknowledge that (Processing Institution) is not required to verify that a DIRECT DEBIT has been issued in accordance with the particulars of the Payor’s Authorization including, but not limited to, the amount.”

“Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor’s Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.”

A Direct Debit may be disputed by a Payor under the following conditions:

1. The Direct Debit was not drawn in accordance with the Payor’s Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2), or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor’s account up to and including 90 calendar days in the case of a personal household DIRECT DEBIT (or up to and including 10 business days in the case of business DIRECT DEBIT), after the date on which the DIRECT DEBIT in dispute was posted to the Payor’s account.

The Payor acknowledges that a claim on the basis that the Payor’s Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any DIRECT DEBIT after (90 calendar days in the case of a personal/household DIRECT DEBIT or 10 business days in the case of a business DIRECT DEBIT).

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 Direct Debit that is not authorized or is not consistent with this Direct Debit 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.payments.ca