

**Alston Properties Ltd**  
**Pre-Authorized Debit Plan**  
**Authorization of the Payor to the Payee to Direct Debit an Account**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below
4. If you have any questions, please write or call the Payee.

**PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

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

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

**PAYEE INFORMATION** *(Please type or print clearly)*

Payee Name(s): Alston Properties Ltd
Address: B100 1039 17 Ave SW, Calgary, Alberta T2T 0B1
Telephone: 403-244-7054 Fax: 403-229-2892 Email: info@alstonproperties.com

**PAYMENT INFORMATION** *(Please type or print clearly)*

Please specify whether the payment is a:  
*(Please check one)*

- Fixed Amount: *(Please specify)* \_\_\_\_\_
- Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: \_\_\_\_\_

Occurring at:  
*(Please check one)*

- Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly) \_\_\_\_\_

Sporadic intervals

Sporadic intervals

The Payor must describe the occurrence of an Event or other criteria that will trigger the debit of the account

- Mandatory description here: \_\_\_\_\_

Are top-ups or adjustments permissible?  
*(Please check one)*

- Yes
- No