

Personal Pre-Authorized Debit Authorization

This Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules)

Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below

PAYEE INFORMATION					
Company Name:	One West Properties Corp.				
Address:	912-1125 Howe Street				
City:	Vancouver	Province:	B.C.	Postal Code:	V6Z 2K8
Telephone:	604-669-9380	Fax:	604-669-9381		
ACCOUNT HOLDER INFORMATION					
Name:					
Address:					
City:		Province:		Postal Code:	
Telephone:		Fax:			
Account Number:		Institution #		Branch #	
FINANCIAL INSTITUTION					
Name:					
Address:					
City:		Province:	B.C.	Postal Code:	
Telephone:		Fax:			

Account information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the account information provided prior to the next due of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose:
Monthly Rent

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____, with a reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on our account monthly beginning _____.

Annual top-ups or adjustments are not permitted. If payments are sporadic, we agree to cooperate with the Payee to authorize the processing of each and every PAD against our account whether authorized verbally or electronically, by use of a password, secret code or other such signature equivalent, as the parties shall agree to constitute valid authorization.

Validation by Processing Financial Institution: We acknowledge our financial institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance with the particulars of our Authorization, including but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

Recourse / Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For Example, we have the right to receive reimbursement for any debit that is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

- i. the PAD was not drawn in accordance with our Authorization; or
- ii. the Authorization was revoked; or

In order to be reimbursed, we acknowledge that a declaration to the effect that either (i), or (ii), took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account.

We acknowledge that any claim made after 90 business days, or any other reason other than the above, is a matter to be resolved solely between the Payee and ourselves
Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 15 days prior to the PAD being issued. provide notice of revocation to the Payee.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services that exist between us and the Payee. Our Authorization applies only to the method of payments and does not otherwise have any bearing on the contract for goods or services exchanged.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, _____

Authorized Signatory

Name (Please Print)

Authorized Signatory

Name (Please Print)