



# PRE-AUTHORIZED PAYMENT (PAD) APPLICATION

## 1. Customer Information (Please print clearly)

Name: \_\_\_\_\_

Tenant Code: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Bank Account Information

### Deposit Account

Number: \_\_\_\_\_

### Financial Institution

Number: \_\_\_\_\_

### Branch Transit

Number: \_\_\_\_\_

Chequing  
Account

Financial  
Institution Name: \_\_\_\_\_

Savings  
Account

Branch Address: \_\_\_\_\_

## 3. Pre-Authorized Debit (PAD) Details

- You the payer authorized Victoria Park Community Homes to debit the bank account identified above in the amount of your monthly rent on the 1st of every month (or the next business day) and one-time payments as required in accordance with your lease, commencing on \_\_\_\_\_ (yyyy/mm/dd). The payer acknowledges that the amount to be debited may vary.
- You the payer, agree to waive the 10 day notification requirement prior to each debit of your rent. Notification will only be required 10 days before the first debit of the rent after a change to your legal rent amount and/or in the event of a one-time payment.

These services are for:  
(Check one)

**Personal**

**Business**

You the Payer may revoke your authorization at any time in **writing, subject to providing notice of 15 days.**

To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature of Account Holder:

Name (Please Print)	Signature	Date
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Signature of Joint Account Holder (if applicable):

Name (Please Print)	Signature	Date
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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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

## 4. Please submit a VOID CHEQUE or an ACCOUNT INFORMATION FORM from your bank with this application

When the form is complete,  
mail, fax or email to:

Victoria Park Community Homes  
155 Queen St. North  
Hamilton, ON, L8R 2V6

Tel: (905) 527-0221  
Fax: (905) 527-3181  
Email: [finance@vpch.com](mailto:finance@vpch.com)