



PRE-AUTHORIZED PAYMENT (PAD) CANCELLATION REQUEST

1. Customer Information (Please print clearly)

Name: _____

Tenant Code: _____

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

2. Cancellation Details

You the payer are withdrawing your authorization for Pre-authorized Payment Deduction (PAD) to Victoria Park Community Homes effective:

(dd-mm-yyyy)

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.**

For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder:

Name (Please Print)	Signature	Date
_____	_____	_____

Signature of Joint Account Holder (if applicable):

Name (Please Print)	Signature	Date
_____	_____	_____

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

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