



Customer Information (Please Print Clearly)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Type of Service (check one): **Personal** Business

Banking Details:

Account Number: _____ Branch Transit: _____

Financial Institution Number: _____ Chequing Savings

Financial Institution Name: _____

Financial Institution Address: _____

I duly authorize **Neilson Creek Housing Co-operative Inc.** to debit my account above, for monthly housing charges as noted below. **Signature** _____.

(Please include a VOID CHEQUE or DIRECT DEPOSIT FORM for Banking Information Verification)

Pre-Authorized (Personal) PAD Details:

You, the Payor, authorize **Neilson Creek Housing Co-operative Inc.** to debit the bank account identified above for \$_____ on the 1st of every month or the next business day. These payments are for your **monthly housing charges** for your **2** **3** **4** bedroom townhouse Unit# _____ .

You, the Payor may revoke your authorization at any time by completing a PAD Cancellation form and submitting it to the Rental Office, subject to providing notice of 30 days. To obtain a cancellation form please visit the Rental Office, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Acct. Holder Signature:	
Print Name:	
Date:	

Joint Acct. Holder Signature: (if applicable)	
Print Name:	
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 on your recourse rights, contact your financial institution or visit www.cdnpay.ca.