



**Pre-Authorized Debit Agreement**

Client Information	
<b>Name</b>	
<b>Client Account Number</b>	
<b>Address</b>	
<b>Telephone Number</b>	

Bank Account Information (please attach a cheque marked "Void")			
<b>Bank Account #</b>			
<b>Financial Institution #</b>		<b>Branch Transit #</b>	
<b>Bank Name</b>			
<b>Address</b>			

**Pre-Authorized Debit (PAD) Details**

You the payer authorize the Sault Ste. Marie Housing Corporation to debit the bank account identified above the rent on the 1<sup>st</sup> day of every month or the next business day.

You have waived your right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of the PADs before the debit is processed.

**These services are for (check one)**      **Personal**       **Business**

This agreement is to remain in effect until the Sault Ste. Marie Housing Corporation has received written notification from me/us of its change or termination. This notification must be received at least 15 business days before the next debit is scheduled at the above address provided above. I/We may obtain a cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

<b>Signature of Account Holder</b>	
<b>Name (Please Print)</b>	
<b>Date:</b>	

<b>Signature of Joint Account Holders (if applicable)</b>	
<b>Name (Please Print)</b>	
<b>Date:</b>	

You have certain recourse rights if any debit does not comply with this agreement; for example, you have the right to 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.cdn.ca](http://www.cdn.ca)

**When this form is complete, mail or fax to: Sault Ste. Marie Housing Corporation**  
**Or deliver in person: 180 Brock St., Sault Ste. Marie, ON P6A 3B7**

**Fax: 705 946-5628**