

New Enrollment

Change in Authorization

Cancellation of Authorization

Effective: Month/Day/Year

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**1. CHC Resident Information**

CHC Account Number:

Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone:

Optional: Email:

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**2. Payment Options** *(Please check all that apply)*

Current Rent \$

Parking \$

Locker \$

Rent Retro \$

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**3. Pre-Authorized Debit (PAD) Account Information**

Branch Transit Number:

Financial Institution Number:

Bank Account Number:

Chequing

Savings

Financial Institution

Name:

Address:

**If this is only a cancellation of your authorization, please sign below to authorize that cancellation.**

I/We, the payor, authorize Windsor Essex Community Housing Corporation and the Financial Institution designated above to begin regular monthly rent payments (subject to change) on the first banking day of the month as set by Windsor Essex Community Housing Corporation. The authorization is to remain in effect until Windsor Essex Community Housing Corporation has received written notification from me/us of its termination. This notification must be received by the finance department prior to 12:00pm (noon) on the last business day of the month, or with sufficient time to allow Windsor Essex Community Housing Corporation or the Financial Institution a reasonable opportunity to act on it, or until Windsor Essex Community Housing Corporation has sent me/us written notice of termination of this plan. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). **You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement which forms part of this Form. If Joint Account, all authorized signatures are required**

Signature of Account Holder

Signature of Joint Account Holder

Name *(Please Print)*

Name *(Please Print)*

Date: *(Month / Day / Year)*

Date : *(Month / Day / Year)*

**IMPORTANT**

**You must include a 'VOID' cheque for a Chequing Account or the top portion of your bank statement for a Savings account. Your authorization cannot be processed without it.**

When the form is complete, mail or fax to: Windsor Essex CHC, Finance Department, 945 McDougall Street, Windsor, Ontario N9A 1L9.



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### Pre-Authorized Payment Agreement

In this Agreement, "we", "us", "our", "Windsor Essex CHC " and "CHC" refer to The Windsor Essex Community Housing Corporation and its successors or assigns, and "you" and "your" refer to each holder of the PAD Account.

"**PAD**" means a pre-authorized debit pursuant to this Agreement and "**PAD Account**" means the account indicated on the Pre-Authorized Payment Form (the "*Form*") or such other replacement account as indicated by you to us.

"**Business PAD**" means a PAD drawn for the payment of goods or services related to your business or commercial activity.

"**Personal PAD**" means a PAD drawn for the payment of goods or services related to your personal, household or consumer activity. You acknowledge that this Agreement is being entered into for our benefit and the benefit of any financial institution that holds the PAD Account (the "*PAD Institution*"), and is being entered into in consideration of the PAD Institution agreeing to process PADs against the PAD Account in accordance with the rules of the Canadian Payments Association. You authorize us to debit the PAD Account for all amounts owed to us for monthly rent payments and additional fees for service for the payment amount indicated under Payment Options on the Form.

### **AS THE PAYMENT AMOUNT IS VARIABLE, YOU WAIVE ANY REQUIREMENT THAT CHC GIVE PRE-NOTIFICATION OF ANY PAYMENT AMOUNT.**

CHC may issue a PAD monthly. You may cancel this authorization at any time, by giving us written notification of its termination. This notification must be received by the Finance Department prior to 12:00 pm ( noon) on the last business day of the month, or with sufficient time to allow Windsor Essex Community Housing Corporation or the Financial Institution a reasonable opportunity to act on it, or until Windsor Essex Community Housing Corporation has a sent you written notice of termination of this plan.

To obtain the cancellation form, you can contact Windsor Essex Community Housing Corporation, Finance Department (Windsor Essex CHC Pre-Authorized Payment Form and Agreement), you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). Cancellation of this authorization does not terminate the CHC Rental Agreement or relieve you of any obligation to pay all amounts owing to us by a method of payment that is satisfactory to us. This authorization applies only to the method of payment and does not otherwise affect your obligations to us. You acknowledge that this authorization to us constitutes delivery by you to the PAD Institution. You acknowledge that the PAD Institution is not required to verify that each PAD submitted by us has been issued in accordance with this authorization, including, but not limited to, the amount, or that the purpose of payment for which the PAD was submitted has been fulfilled by us as a condition of honouring the PAD. 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 Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed the Form and that the information set out on the Form with regard to the PAD Account is accurate and complete. You undertake to notify us in writing of any change in such information prior to 12:00 pm(noon) on the last business day of the month, or with sufficient time to allow Windsor Essex Community Housing Corporation or the financial institution a reasonable time to act on it. .