



## Pre-Authorized Debit (PAD) Agreement

Select one:

New

Existing

\*This form is used to establish, update bank information or modify an existing payment structure\*

### 1. Customer Information (please print clearly)

<b>Account Name:</b>					
<b>Housing Account #:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Telephone #:</b>			<b>Cellphone #:</b>		
<b>Email Address:</b>					

### 2. Bank Information (please include a void cheque or pre-authorized deposit form to change Bank Information)

<b>Bank/Institution #</b>		<b>Branch/Transit #</b>	
<b>Account #</b>		Chequing Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
<b>Financial Institution Name</b>			
<b>Notes/Comments:</b>			

### 3. Payor(s) Details

I, the Payor(s), authorize Six Nations of the Grand River Housing to debit the amount of from the bank account mentioned above as on the following date:

under the following payment structure (**must check one**):

MM/DD/YYYY

**Bi-Weekly** (every 14 days)     
 **Weekly** (every 7 days)     
 **Monthly** (on the \_\_\_\_\_ of every month)

**Semi-Monthly** (two specific days: \_\_\_\_\_ and \_\_\_\_\_ of every month)

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint-Account Holder

Print Name

Print Name

Date

Date

When the form is complete, email the form with a void cheque to ([snhc@sixnations.ca](mailto:snhc@sixnations.ca)) or drop them off at:

**Six Nations of the Grand River Housing**  
**67 Bicentennial Trail**  
**Ohsweken, ON N0A 1M0**

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](http://www.cdnpay.ca)

**Internal Use (Office Only)**

Submission Processed by:

Submission Approved by: