Pre-Authorized Debit (PAD) Agreement
Amount and/or Date Change Request Form

Select one: ☐ Date Change ☐ Amount Change

Account Name:	
Housing Account #:	
Number of Payments to be Adjusted:	

Select the payment structure: ☐ **Weekly** ☐ **Bi-Weekly** ☐ **Monthly** ☐ **Semi-Monthly**

Original Payment Amount:	
Adjusted Payment Amount:	
Original Payment Date:	
Adjusted Date to Commence on:	
Second Date: (Semi-Monthly Only)	

MM/DD/YYYY format

Conditions of the request:

1. a housing account client can only request a maximum of 3 scheduled PAD payment dates be moved in a SNGR calendar year (April to March). The request cannot exceed 30 calendar days.
2. a housing client can only request a maximum of 3 scheduled PAD payment amounts be adjusted in a calendar year. Payment plan amounts must remain intact for policy purposes.

By signing this agreement, I (the undersigned) hereby acknowledge that my date change and/or payment amount is to be changed for the requested number of payments and that all subsequent payments are to follow the previously agreed-upon payment schedule – as outlined in my loan or rental agreement.

Agreement Holder's Signature _____ **Date**

When complete, email the form with a void cheque to (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

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FOR INTERNAL USE (Office Only)

Processed & Submitted by: _____ **Submission Approved by:** _____

☐ Global Change ☐ Payment Change