



Pre-Authorized Debit (PAD) Agreement Single Payment Request Form

this form is used for one time payments outside the PAD schedule for existing accounts only.

Account Name:

Payment Due Date:

Housing Acct #:

Second Due Date:

Phone #:

Payment Amount:

Email Address : _____

Please select your current payment structure:

Weekly

Monthly

Bi-Weekly

Semi-Monthly

Banking Information:

Bank/Institution #

Bank Name

Branch/Transit #

Account #

By signing this agreement, I (the undersigned) hereby acknowledge that my 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.

Account Holder's Name

Date

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

**Six Nations 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

FOR INTERNAL USE (Office Only)

Processed & Submitted by:

Submission Approved by: