



**Nepean
Housing
Corporation**

16 Kilbarron Road
Nepean, ON K2J 5B2
Phone: (613) 823-8452
Fax: (613) 823-8453

Save Money... Save Time... Save Worry...

Pay Your Rent Direct



Here's how pre-authorized payments work:

It is an easy method of making your monthly payments without the inconvenience of cheque writing and the increased cost of postage or that trip to the office.

With your permission, your payments can be made automatically through your bank or financial institution.

How to Join:

1. Complete and sign the authorization form on the reverse side.
2. Attach your personal blank cheque marked "VOID".
3. Mail/deliver the authorization form and the void cheque to our office.

Terms and Conditions

1. Each payment shall be the same as if you had personally issued a cheque authorizing the Bank to pay Nepean Housing as indicated and to withdraw the amount specified to your account.
2. You will notify Nepean Housing promptly by writing if you move the account from one bank or branch to another or if there is any other change in the account.
3. You will notify Nepean Housing at least five (5) business days before the next debit is scheduled should you wish to cancel or modify the payment.
4. You understand that the bank is not responsible to verify whether these payments are properly debited to your account.
5. This authorization may be cancelled with at least five days' notice before a rent due date upon written notice by you to Nepean Housing. You understand that if you cancel this authorization, it does not mean that your contract obligations to Nepean Housing are ended.
6. Any delivery of this authorization to Nepean Housing constitutes delivery by you to the bank.
7. You are the person who is required to sign on the account below (include other account holders where appropriate).

Information contained in the form and any attachments is confidential and collected solely for the purpose of pre-authorized debit (PAD). The information may be shared with other agencies by NHC as required by law. Withdrawing consent may jeopardize your eligibility for PAD. Questions about the collection, use, disclosure, or retention of this information may be referred to the Chief Privacy Officer for NHC (Director of Administration), at 16 Kilbarron Road, Nepean, K2J 5B2.



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Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/We authorize Nepean Housing Corporation, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our tenancy agreement. Regular monthly payments for the full amount of the rent and related charges will be debited to my/our specified account on the 1st day of each month. Nepean Housing will provide notice of the amount of each regular debit initially on the tenancy agreement and thereafter by delivery of forms, using the prescribed notice periods, authorized for this use by the Residential Tenancies Act, the Social Housing Reform Act, and/or any revised or successor legislation.

Initials

This authority is to remain in effect until Nepean Housing has received written notification from me/us of its change or termination. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample 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.

Nepean Housing may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.

PLEASE PRINT

Date: _____

Type of Service: Personal

Name(s): _____

Address: _____

City: Nepean Province: Ontario Postal Code: _____

Phone #: Business: _____ Home: _____

Financial Institution / Bank: _____

Account # _____ Transit # _____
(5 digits) (3 digits)

Address: _____

City: _____ Province: _____ Postal Code: _____

Authorized Signature: _____

Authorized Signature: _____

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