



Ashley Manor Housing Corporation
Pre-Authorized Debit (PAD) Agreement

Please complete all sections below – PLEASE PRINT **DATE TO START:** _____

Name: _____

Address: _____ Unit #: _____

Home Phone Number: _____ Cell: _____

Financial Institution Information – Please Provide a Void Cheque

Financial Institution Name: _____ Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Financial Institution Account #: _____ Transit # _____

Agreement and Authorization Details

I/We authorize AMHC and the financial institution designated (or any financial institution I /We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or on-time payments from time to time, for payment of all personal charges arising under my/our AMHC account (s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st of every month. AMHC will provide 10 days written notice of a change in the amount of each regular debit. AMHC will obtain my/our authorization for any other one-time or sporadic debits.

The authority is to remain in effect until AMHC has received written notification from me/us of its change or termination. This notification must be received at least ten (10) 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.

AMHC 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 to 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 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.

Forms received before the 20th day of the month will be processed for the following month. (e.g. Received by May 20th payment withdrawn on June 1st) Forms received after the 20th day of the month will be processed for the second month. (e.g. Received by May 21st or later, payment withdrawn on July 1st)

Signatures

Authorized Signature(s) _____ Date: _____

Authorized Signature(s) _____ Date: _____

OFFICE Use Only: Rent \$ _____ Parking \$ _____ Total \$ _____ Category _____

Ashley Manor Housing Corp. 1 Richards Lane Ajax, On L1T 3M3 (905)683-9269