

Pre-Authorized Payment (PAP) Agreement

SET UP

Account Holder Name: _____ on behalf of _____

First Name and Last Name (if different from above) (_____) Telephone Number

Unit # Street # Street Name City in Ontario Tenant ID

This payment is made on behalf of: _____ an Individual _____ a Business

EZ Pay - Pre-Authorized Payment (PAP/PAD) Agreement

I/We authorize CityHousing Hamilton Corporation to debit the attached bank account on the first (1) day of every month commencing the first of _____, 20__ for regular recurring payments as agreed to in my/our lease with CityHousing Hamilton. **The amount of the PAP/PAD will be equivalent to the monthly charge as per the current leasing agreement and may change periodically. This could mean that if your subsidy is removed for any reason, the PAP/PAD amount withdrawn from your account will be the current market rent amount for your unit.** This PAP/PAD agreement only applies to the method of payment and any termination of the agreement does not have any affect whatsoever with respect to the lease agreement.

This authorization is to remain in effect until CityHousing Hamilton Corporation has received written notification from me/us of termination. This notification must be *received* at least ten (10) days before the next debit is scheduled at the address provided below. To obtain a sample cancellation form or more information on my/our right to cancel a PAP/PAD agreement, I/we can contact my/our financial institution or visit www.cdnpay.ca. **Note:** It is at the sole discretion of CityHousing Hamilton to cancel this agreement should the account have payments returned from the bank for up to a maximum of 3 times in a 12 month period or earlier, should there be supporting reasons.

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 debit that is not authorized or is not consistent with this EZ Pay - PAP Agreement. To obtain more information on my/our recourse rights, I/we can contact my/our financial institution or visit www.cdnpay.ca

Signature of Account Holder Date Signature of **Joint Account Holder** Date

VOID CHEQUE or BANK CONFIRMATION must accompany this agreement

Please return the completed original form to CityHousing Hamilton

by mail: PO Box 2500, 55 Hess Street South, Hamilton, Ontario L8N 4E5

hand deliver to: 181 Main Street West, 1st Floor (drop off box is located across from Shoppers)

Telephone: (905) 523-8496

Original Documents only - Fax copies cannot be accepted

CANCELLATION NOTICE

I/We, (*Payor name*), cancel my/our authorization to issue pre-authorized debits for regular recurring payments as agreed to in my/our lease with CityHousing Hamilton against my/our account number effective at the end of _____, 20__.

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee

Signature of Account Holder Date Signature of **Joint Account Holder** Date

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, tenant's email, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.