

**PAYOR'S AUTHORIZATION FOR
PRE-AUTHORIZED DEBITS FOR RENTAL PAYMENTS WITH
HAMILTON EAST KIWANIS NON-PROFIT HOMES INC.**

1. Customer/Tenant Information (Please Print Clearly)

LAST NAME: _____ **FIRST NAME:** _____

LAST NAME: _____ **FIRST NAME:** _____

Street Address: _____ **Unit #** _____

City: _____ **Postal Code:** _____ **Phone #** _____

2. Bank Account Information – VOID Cheque MUST be attached

Financial Institution: Name: _____

Financial Institution: Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Hamilton East Kiwanis Non-Profit Homes Inc. to debit the bank account identified above for your Monthly Rental amount as of the 15th of the month prior to the payment date on the **1st of the first of every month or the next business day**. The Payee may issue a PAD **MONTHLY** in a dollar amount up to a maximum of **\$2,000.00**.

The monthly rent will be the last calculated rent as of the 15th of the previous month and the last notification of Rent that was mailed to you if you have a rent adjustment. Hamilton East Kiwanis will only debit the current month rent unless instructed by you in writing **15 days** before the withdrawal date.

MONTHLY RENT – Please indicate your current monthly rent amount \$ _____
(for verification purposes only)

4. You, the Payor, may revoke your authorization at any time in writing or by email to heather.moore@kiwanishomes.ca subject to providing **15 days** notice prior to the withdrawal date.
5. I/We acknowledge that when disputing any PAD beyond the time allowed in this section is a matter to be resolved solely between me/us and the Payee, outside the payment system. I/we acknowledge that the Authorization is provided for the benefit of the Payee and the processing institution and is provided in consideration of the Processing Institution agreeing to processing debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
6. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.
7. I/We agree that the information contained in the authorization may be disclosed to CIBC as required to complete any PAD transaction.

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8. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

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

I/We understand and accept the terms of participation in this PAD agreement:

Signature of Account Holder

Print Name: _____

Date: _____

Signature of Joint Account Holder (if applicable)

Print Name: _____

Date: _____

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.

When this form is complete you can mail, email, fax or deliver to the office @

281 QUEENSTON ROAD

HAMILTON, ON

L8K 1G9

Fax Number: 905-545-4884

Email: heather.moore@kiwanishomes.ca

PLEASE NOTE THAT IF THIS FORM IS NOT COMPLETED IN FULL AND SIGNED ALONG WITH A VOID CHEQUE IT WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.