



Toronto Community Housing Corporation

Pre-Authorized Debit (PAD) Agreement - Personal

Part 1 - Authorization by the Payor/s

 Tenant's Full Name

 Co-Tenant's Full Name (if applicable)

 TCHC Address of Tenancy

 Phone Number

I/We authorize **Toronto Community Housing Corp.** to withdraw from my/our bank account below an amount (currently \$ _____) every month in accordance with the lease agreement ("lease"). I/We understand that this amount may change in the future subject to the terms and conditions of the said lease and in accordance with the applicable laws and regulations in Ontario governing residential tenancies including the *Residential Tenancies Act 2006*, S.O. 2006, ch. 17 and the *Housing Services Act, 2011*.

This authorization is effective and the first withdrawal will take place on 01 _____ 20__ and will continue every 1st business day of each succeeding month. I/We may cancel this authorization at any time subject to a 30-day written notification to you, by completing a PAD cancellation form. 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 PAD Agreement by completing a Reimbursement Form. To obtain a sample of a PAD cancellation form and a Reimbursement Form and for more information of our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

The signatures appearing below are the same signatures authorized to operate the bank account.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date Signed: _____

Date Signed: _____

Note: If rent is paid by payor/s other than the tenant or co-tenant (e.g., trustee or next-of-kin), the above signatures and the banking information are for account from which the withdrawals will be made.

Part 2 - Bank Account Information

If chequing account, simply attach a voided cheque here.

If savings account, please have your bank complete the information below.

 Bank's Name and Location

 Institution Number

 Transit Number

 Account Number

Upon completion, please send to:
(keep a copy for your file)

Toronto Community Housing Corporation

OU Address: _____

Phone Number: 416-981-5500

