



# Pre-Authorized Debit Agreement

This authorization from the Tenant (Payor) to the United Counties of Leeds and Grenville (Payee) allows the United Counties of Leeds and Grenville (the Counties) to directly debit the Tenant's bank account for payment of the following :  **Rent payable**       **Other Charges** : \_\_\_\_\_

**Instructions:**

1. Read the entire Pre-Authorized Debit Agreement carefully, and complete **all** sections of this form to instruct your financial institution to make payments directly from your account.
2. Sign the completed Pre-Authorized Debit Agreement and return it to the address indicated.

1. Tenant Information				
Tenant Name		Co-Tenant Name		
Last Name	First Name	Last Name	First Name	
Tenant's Address:				
Unit No.	Street Address	P.O. Box	City	Postal Code
Home Telephone:		Work Telephone:		

2. Bank Account Information		
I/we, the Payor, state this Pre-Authorized Debit is a Personal Pre-Authorized Debit for rental payments and other charges resulting from my/our tenancy with the United Counties of Leeds and Grenville, (the Payee).		
Financial Institution Name:		
Financial Institution Address:		
City/Town	Province	Postal Code
Branch No. (5 digits)	Institution No. (3 digits)	Account No.
<input type="checkbox"/> Chequing Account		<input type="checkbox"/> Savings Account

3. Pre-Authorized Debit (PAD) Details (Please check only one box below)
<input type="checkbox"/> I/We authorize the United Counties of Leeds and Grenville, Community and Social Services Division, and the designated financial institution to debit the bank account identified above for regular recurring monthly payment of rent arising from my/our tenancy with the United Counties of Leeds and Grenville. Regular monthly rent payments will be debited from my/our specified account on the first day or the next business day of each month.
<input type="checkbox"/> You, the Tenant/Payor, authorize the United Counties of Leeds and Grenville, Community and Social Services Division, to debit the bank account identified above on the <b>1<sup>st</sup> day of each month</b> , or next business day, in the amount(s) agreed to in the signed payment agreement dated _____, <b>for the payment of amounts owed</b> until such amounts are paid in full.

## Pre-Authorized Debit Agreement

### 4. Terms and Conditions

The United Counties of Leeds and Grenville, as Payee, shall provide to you, the Payor, at least **10 calendar days** notice of **any change** in the amount to be debited from your account.

Funds will generally be withdrawn on the 1<sup>st</sup> day of each month; however, occasionally it may be delayed due to statutory holidays or unforeseen circumstances. At such times it will be processed at the earliest possible date. Depending on your banking institution, it may take several days for the debit to be reflected in your account.

You, the Payor, acknowledge that in the event there are insufficient funds in the account to cover the Pre-Authorized Debit, you will be charged a \$20.00 administration fee by the Payee, and you are responsible to pay the amount of the Pre-Authorized Debit by another method (i.e. cash or money order).

You, the Payor, may **revoke your authorization** at any time in writing, subject to providing **10 calendar days notice** to the United Counties of Leeds and Grenville, Community and Social Services Division. To obtain a cancellation form, or for more information of your right to cancel a Pre-Authorized Debit Agreement, contact your financial institution, or visit [www.payments.ca](http://www.payments.ca).

### 5. Recourse Rights

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 Pre-Authorized Agreement. To obtain more information on your recourse rights, you may contact your financial institution, or visit [www.payments.ca](http://www.payments.ca).

### 6. Authorization

\_\_\_\_\_  
Name of Account Holder (Please Print)

\_\_\_\_\_  
Name of Joint Account Holder (if applicable) (Please Print)

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Return the completed Pre-Authorized Debit Agreement with a void cheque or bank confirmation of account information to the following address:**

United Counties of Leeds and Grenville  
Community and Social Services – Housing Department  
25 Central Avenue West, Suite 200  
Brockville, ON K6V 4N6  
Tel: 613-342-3840, or 1-800-267-8146  
Fax: 613-342-8908

#### FOR OFFICE USE ONLY

Void Cheque Attached

Bank Confirmation of Account Number Attached

Start Date: \_\_\_\_\_

Unit No./Address: \_\_\_\_\_

Rent Amount: \_\_\_\_\_

Lease Renewal Date: \_\_\_\_\_