Pre-Authorized Debit (PAD) Agreement
Deletion Request Form

This form is used for housing account clients that have scheduled PAD payments.
***Condition: A housing client can only request to advance ahead 4 months of scheduled PADS at a time.**

1. Customer Information (please print clearly)

Name(s):					
Housing Account #:					
Mailing Address:					
City:		**Province:**		**Postal Code:**	
Telephone #:			**Cellphone #:**		
Email Address:					

2. Bank Account Information

Check one of the following if applicable: Is the account profile being deleted because you have paid in full or have transitioned to payroll deductions?

☐ **Paid in Full**
☐ **Payroll Deductions**

Bank/Institution #:		**Branch /Transit #:**	
Account #:		**Chequing Account** ☐ **Savings Account** ☐	
Bank Name:			
Notes/Comments:			

3. Pre-Authorized Debit (PAD) Details

I, the Payor(s), authorize Six Nations of the Grand River Housing to remove the intended pre-authorized debit(s) from the payment schedule listed for:

MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Signature of Account Holder (Payor)

Signature of Joint-Account Holder (Payor, if applicable)

Print Name

Print Name

Date

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(s) that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or vist www.cdnpay.ca .

Internal Use (Office Only)

Processed & Submitted by:

Submission Approved by:

The following is an adjustment to:

☐ Global Change
☐ Payment Change