

Pre-Authorized Debit (PAD) Agreement

1. Licensee/Applicant (Please Print Clearly)

Licensee/Applicant: _____

Licence Number: _____

Unit Number / Street Name: _____

City, Town or Village: _____ Postal Code: _____

Phone Number: _____

2. Bank Account Information

Bank Account Number:

Branch Transit Number: Financial Institution Number:

Chequing Account: Savings Account:

Financial Institution Name: _____

Branch/Address: _____

3. Pre-Authorized Debit (PAD) Details

a) You, the Payor, using the services are for (check one):

Personal Business Use

b) You, the Payor, authorize the RHRA to debit the bank account identified above for payments for Annual Fees in full on January 2nd or quarterly recurring payments on the first business day of each calendar quarter.

I wish to pay for (check one):

Annual Fee in Full Quarterly Installments

Signature of Account Holder:	Signature of Joint Account Holder (if applicable)
_____	_____
Name: _____	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 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 visit www.cdnpay.ca

When the form is complete, mail or fax it with a VOID cheque to:

Retirement Homes Regulatory Authority
55 York Street, Suite 700
Toronto, Ontario M5J 1R7
Tel: 1-855-275-7472 Fax: 416-487-1223
E-mail: licensing@rhra.ca