

Pre-Authorized Debit (PAD) Agreement

1. Licensee/Applicant Information:

Licensee/Applicant Name: _____

Licence Number (if applicable): _____

Licensee/Applicant Address: _____

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: _____

Financial Institution Name: _____

Branch/Address: _____

Account type: Chequing Account Savings Account

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 Application and Expedited Fees.

I wish to pay for:

Application Fee Expedited Fee (2 weeks) Expedited Fee (4 weeks)

c) You, the Payer, authorize the RHRA to debit the bank account identified above for payments for Annual Fees either in full (on April 1 or on a due date), or in 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:	Signature:
Name: Date:	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. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

When the form is complete, please send it to finance@rhra.ca together with a VOID cheque.

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