



Peel Housing Corporation
 o/a Peel Living
 10 Peel Centre Dr. Suite B, P.O. Box 2800, STN B
 Brampton, ON L6T 0E7
 Tel: 905-453-4900
 Fax: 905-453-2501

Pre-authorized Payment (P.A.P.) Agreement

- Note:**
- Please print using black ink only
 - Sign and return with a Void cheque to your Resident Service Representative (RSR)

To be completed by Tenant			
Name			
Street Address	Unit	City	Postal Code
Home Phone	Work Phone	Cell Phone	

Bank Account Information (Also attach a VOID cheque) (to be completed by Tenant)		
Name of Account Holder (s)		
Branch Transit Number	Bank Number	Account Number
<p> 1 2 3 4 </p> <p> → This is the cheque number (do not enter this number). → This is the branch number (5-digit number). → This is the institution number (3-digit number). → This is the account number used for direct deposit. </p>		

Pre-authorized Details (to be completed by Tenant)		
<p>You authorize Peel Living to debit the bank account identified above for the exact amount of your monthly rent, as outlined in your lease. Regular monthly payments for the full rent amount will be debited on the first of each month, or the next business day, beginning _____ . These pre-authorized payments are for personal use.</p> <p>You agree that at any time a pre-authorized debit cannot be processed for any reason, for example non-sufficient funds or as a result of a closed account, there will be a \$20 service charge by Peel Living. You agree to notify your RSR of any changes to your banking information.</p> <p>You may revoke this authorization at any time by completing a Cancellation Notice available at www.peelregion.ca/housing/peel-living/resident/ and submitting it to your RSR 30 business days before the next scheduled debit. You may also obtain a more information on your right to cancel a pre-authorized debit agreement at your financial institution or by visiting www.cdnpay.ca.</p> <p>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 PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>		
Name of Account Holder (printed)	Signature of Account Holder	Date (mm/dd/yyyy)
Name of Joint Account Holder (printed) (if applicable)	Signature of Joint Account Holder (if applicable)	Date (mm/dd/yyyy)

Notice with Respect to the Collection and Use of Personal Information
<p>(In accordance with the Municipal Freedom of Information and Protection of Privacy Act, Social Housing Reform Act, 2000 and the Residential Tenancies Act, 2006) Personal Information is collected under the authority of the Social Housing Reform Act, 2000 S.O 2000, c.27, and the Residential Tenancies Act, 2006, and will be used to administer social housing programs as originally outlined in the Application for Subsidized Housing (V-08-117) and the Market Application (V-08-103). Questions or concerns about the collection, use or disclosure of Personal Information, should be directed to The Regional Municipality of Peel, Human Services Department, Supervisor, Document Services, 10 Peel Centre Dr., Suite B, PO Box 2604, STN B, Brampton ON L6T 0E4, or by telephone at 905-791-7800, extension 3577.</p>