



Pre-Authorized Debit (PAD) Authorization Form

Instructions:

1. Please complete all sections in order to instruct Satellite Community Homes to directly withdraw payments from your account.
2. Please see the Terms and Conditions on the back of this document.
3. Return the completed form with a blank cheque marked "VOID" or a completed Pre-Authorized Debit Authorization form from your bank to Satellite Community Homes.

TO:			
TENANT(S) NAME(S):			
ADDRESS:			UNIT #:
CITY:	PROVINCE:	POSTAL CODE:	
NAME OF FINANCIAL INSTITUTION:			
BRANCH ADDRESS:			
CITY:	PROVINCE:		
BANK NUMBER:		TRANSIT NUMBER:	
ACCOUNT NUMBER:			

I/We the above named Tenant(s) authorize Satellite Community Homes to debit my/our account indicated above, in the amount of SEE BELOW on the FIRST day of each month, for CONTINUAL months while I/We am/are a tenant of Satellite Community Homes, for payments payable to Satellite Community Homes in respect of:

**MONTHLY RENT in the amount of \$ _____ *as of the
submission date of this form.**

*It should be noted, that if the monthly rent amount changes, the amount withdrawn will change accordingly.

DATE

TENANT SIGNATURE

DATE

TENANT SIGNATURE

*By signing this form you agree to our Terms and Conditions on the back of this document.
All pre-authorized payments are processed on the first banking day of each month.*



SATELLIE COMMUNIT HOMES PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms & Conditions

1. If the amount that I/We am/are required to pay under my/our agreement with Satellite Community Homes changes, this authorization will continue to apply.
2. This authorization may be cancelled at any time upon 30 days written notice from me/us to Satellite Community Homes. I/We understand that if I/We cancel the authorization, it does not mean that my/our contract (lease) obligations to Satellite Community Homes are ended.
3. Satellite Community Homes reserves the right to cancel this agreement upon 30 days written notice.
4. I/We certify all information provided with respect to the bank Account is accurate and I/We agree to inform Satellite Community Homes, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
5. The purpose of collecting this information is for Pre-Authorized Debits of Monthly Rent during your tenancy with Satellite Community Homes. If you have any questions or for a copy of our privacy policy, or for contact information for our Privacy Officer, please contact info@satellitecommunityhomes.com by e-mail or call (519) 650-5599 ext 221.
6. Any delivery of this authorization to Satellite Community Homes constitutes delivery from me/us to the Bank.
7. I/We am/are all the persons who are required to sign on the above account.
8. I/We acknowledge that Satellite Community Homes has no responsibility to complete this form, and understand that this pre-authorized debit form may not be processed by Satellite Community Homes if all sections are not completed correctly.