

## Pre-authorized Debit (PAD) Agreement<sup>1</sup>

### 1. Payor Information (Please print clearly)

Member Name: \_\_\_\_\_

Mailing Address: Unit \_\_\_\_\_ - 2820 Harriet Road

City: Victoria                      Province: BC                      Postal Code: V9A 1T1

Telephone Number(s): \_\_\_\_\_

### 2. Bank Account Information

Payor Account Number: 

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Branch Transit Number: 

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Financial Institution Number: 

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Financial Institution: Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Please attach a void cheque or photocopy of a cheque, or other documentation from your financial institution.

### 3. Payee Information (Office only)

Waterside Housing Cooperative

Account #: 

	5	6	8	0	6	3
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 Branch Number: 42

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<sup>1</sup> Also referred to variously as Electronic Funds Transfer (EFT), Automated Funds Transfer (AFT), Customer AFT (CAFT)

**4. Details of Each Payment**

Payment for	Amount <sup>2</sup> (if known)	Posting Day <sup>3</sup>	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)	One Time Only	Changed / Cancelled <sup>4</sup>	Initial
Housing							
Laundry	\$15.00						
Telecom							
EV Charge							
Share Purchase	\$2000.00						
Garage Remote	\$55.00						

**Payment Dates:** Waterside currently posts EFT items on the first day of each month and the 24<sup>th</sup> day of each month. These dates coincide with the expected payment date for housing charges and Telecom payments.<sup>3</sup>

**5. Pre-Authorized Debit (PAD) Details**

I/We authorize Waterside Housing Cooperative and the financial institution designated in Section 2, above, (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Waterside Housing Cooperative account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the day of each month specified in section 4 above. These services may be for monthly housing charges, CHF-BC Telecom Program, laundry room rental, electric vehicle (EV) charging usage fees, late fees, and/or other incidental and regular payments

These services are for personal purposes.

<sup>2</sup> Enter an amount if known and fixed. Enter “variable” if each posting amount is not known in advance.

<sup>3</sup> Please discuss with us if you require that a debit take place on days other than the 1<sup>st</sup> and 24<sup>th</sup>. The Co-op has tried to group transactions to balance the cost of submitting posting files with the convenience to members. It may be simpler and less costly to pay one-time items by cheque.

<sup>4</sup> If changing details for a payment, please add a separate PAD agreement form including the changed entry.

## **Waterside Housing Cooperative**

**B14 – 2820 Harriet Road, Victoria, BC, V9A 1T1**

Waterside Housing Cooperative will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any new debits, or recurring debits on the first instance of their application.

This authority is to remain in effect until Waterside Housing Cooperative has received written or oral notification from me/us of its change or termination in accordance with Section 27 of Rule H1 of the Canadian Payments Association. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or <https://www.payments.ca/sites/default/files/h1eng.pdf>.

In the case of variable amount PADs, Waterside Housing Cooperative will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature of Waterside Member

\_\_\_\_\_  
Signature of Joint Member (if appropriate)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When the form is complete, submit to:

Waterside Housing Co-operative  
B14 – 2820 Harriet Road  
Victoria, BC, V9A 1T1  
Attn: Finance Committee