County of Wellington Housing Services & **Guelph Non-Profit Housing Corporation**

T: 519.824.7822 F: 519.837.6349 T: 519.766.1022 F: 519.837.6349

Office: 138 Wyndham Street North – Guelph, Ontario – N1H 4E8

Personally Approved Payment Plan

I/We, the undersigned, hereby authorize the County Of Wellington Housing Services, and the financial institution designated herein, to withdraw the amount due for my/our monthly rental payment on the first business day of each and every month.

Property/Tenant Code	**A**									**T**							

Name(s):_____ **Phone:**_____

Address: _____

This authorization is to remain in effect until County of Wellington Housing Services has received written notification from me/us of termination. Such notice will be provided to County of Wellington Housing Services no later than the 15th day of the month to allow them a reasonable opportunity to act on it. County of Wellington Housing Services also agrees to provide me/us written notice of termination no later than the 15th day of the month, to allow the financial institution sufficient time to effect the termination. To obtain a sample cancellation form, or for more information on your right to cancel a PAPP Agreement contact your financial institution or visit www.cdnpay.ca.

Please complete and attach a Blank Void Cheque or details provided by your financial institution.

Bank Name: _____

Bank Account Number: _____

Transit Number: _____ **Institution Number:**_____

Type of Service: Personal _____ **Business** _____

The rent amount set by County of Wellington Housing Services will be deducted from this account monthly.

For joint accounts that require more than one signature on cheques drawn on the account, all account holders must sign this document.

Tenant(s) Signature(s):

1. _____ **Date** _____

2. _____ **Date** _____

You / We have certain recourse rights if any debit does not comply with this agreement. For example, you (I/we) 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 (my/our) recourse rights, I (we) may contact your (my/our) financial institution or visit www.cdnpay.ca.

For office use only

Is tenant on rent adjustment? ☐ Yes ☐ No If yes, please comment: _____

Start date: _____ Rent amount ($): _____ Lease renewal date: _____

Authorized signature: _____ Date: _____

Alternative Formats Available Upon Request

HS32
07/18

Personal information collected on this form will be used by the County of Wellington and the County's Financial Institution to process monthly rental payments on behalf of the tenant. Questions about collection of this information should be directed to the Manager of Community Property Services, 519.824.7822 x4300.