Payor's PAD Agreement

Horizon Housing

Personal Pre-Authorized Debit Plan

Authorization of the Payor to the
Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please read and sign the Terms & Conditions on page 2 of this form.
3. Return the completed form with a blank cheque marked "VOID" to Horizon Housing Society at the address noted below.
4. If you have any questions, please call Horizon Housing Society: Dana Liu, Financial Analyst at 403-297-1730 or email danal@horizonhousing.ab.ca

Payor Information (please type or print clearly)

Payor Name _____ Telephone No. _____

Address _____ City/Province _____ Postal Code _____

You, the Payor, authorize Horizon Housing Society to debit the bank account identified below for the amount indicated below on the first day of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

Signature of Account Holder _____ Date MM DD YY

Signature of Joint Account Holder (if applicable) _____ Date MM DD YY

Name (please print) _____ Name (please print) _____

Payor Financial Institution/Banking Information (provide a void cheque or complete this section)

Transit No. _____ Branch No. _____ Account No. _____ PAD Start Date MM DD YY

Name of Financial Institution _____ Branch _____

Branch Address _____ City/Province _____ Postal Code _____

Payee Information (for Horizon Housing Society office use - payor, please leave this section blank)

HORIZON HOUSING SOCIETY
Payee Name

#885, 105 - 12 AVENUE SE
Address

CALGARY, ALBERTA
City/Province

T2G 1A1
Postal Code

403-297-1746
Telephone No.

Date MM DD YY

Reference # or Account # _____ Service or Utility _____

Payment Information (please type or print clearly)

Please check one:
Please specify whether the payment is a:

☐ Fixed Amount: (please specify) _____

☐ Variable Amount: if variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount.
Maximum Amount: ☐ _____ N/A ☐

Please check one:
Payment occuring at:

☐ Set Intervals (ie. weekly, bi-weekly, monthly)
Please specify the timing: _____

☐ Sporadic Intervals

Payor's PAD Agreement

Horizon Housing

Personal Pre-Authorized Debit Plan Terms & Conditions

1. In this agreement, "I", "me" and "my" refers to each Account Holder who signs below.

2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes, and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide 48 hours notice of revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.

5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

6. I understand that with respect to:
   (i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due dates of debiting, at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
   (ii) Variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD; and
   (iii) Fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.

8. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
   (a) the Personal PAD was not drawn in accordance with this Agreement;
   (b) this Agreement was revoked or cancelled; or
   (c) any pre-notification required by section 6(a) was not received by me.
   I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.

9. I certify that all the information provided with respect to the Account is accurate and I agree to inform the Payee, 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.

10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below.

11. I understand and agree to the foregoing terms and conditions.

12. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

_____	MM DD YY	_____	MM DD YY
Signature of Account Holder	Date	Signature of Joint Account Holder (if applicable)	Date
_____		_____	
Name (please print)		Name (please print)	