1-730 River Road, Winnipeg, Manitoba, R2M 5A4
T- (204) 257-2501 F- (204) 254-1116
E – info@vccl.ca

AFT Authorization
Terms & Conditions

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1. For debit transactions, I (we) hereby authorize Village Canadien Housing Co-op to debit my/our account at the financial institution noted below, and to credit Village Canadien Housing Co-op, in the amount and frequency also set out below and according to the terms and conditions of this authorization.

2. I/We agree that the issue of each Pre-Authorized debit/credit by Village Canadien Housing Co-op pursuant to this authorization shall be acted upon in the same manner as though it were a written direction signed by me/us.

3. This authorization is to remain in effect until Village Canadien Housing Co-op has received written notice from me/us to its change or termination. This notification must be received at least ten (10) business days before the next scheduled due date at the address/contact info provided below.

4. I/We may cancel this PAD agreement with Village Canadien Housing Co-op by completing the bottom of this form in full.

5. Village Canadien Housing Co-op may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 business days prior written notice to me/us.

6. 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 more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

7. I/We hereby acknowledge the terms and conditions as contained herein and warrant that all persons whose signatures are required to sign on the account to be debited/credited have signed below.

Applicant Name: _____ Address _____

Financial Institution Information:

Name: _____ Address: _____

Transit #: _____ Bank # _____ Account # _____

Pre-Authorized (X) Debit Purpose Description: (X) Housing Charge Payments

Amount: $_____ Frequency (X) Monthly Start Date: _____/_____/_____.

Date: _____/_____/_____ _____ _____

Signature of Applicant **Signature of Applicant**

- Please attach a Void Cheque

Request for Cancellation
Effective Date of Cancellation: _____/_____/_____.

Date: _____/_____/_____ _____ _____

Signature of Applicant **Signature of Applicant**