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## Pre-authorized Debit (PAD) Agreement

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

Unit Code: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. **Bank Account Information:** Please attach a void cheque or Pre-Authorized Payment form from bank

### 3. Pre-Authorized Debit (PAD) Details

I/We authorize New Chelsea Society and the financial institution designated (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 New Chelsea Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1<sup>st</sup> day of each month. These services are for my monthly rent and/or parking charges.

New Chelsea Society will obtain my/our authorization for any other one-time or sporadic debits and provide me with a 10 calendar days written notice prior to any debits. This authority is to remain in effect until New Chelsea Society has received written notification from me/us of its change or termination. This notification must be received at least 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 by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

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 and 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 way 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 Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if appropriate)

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date