



Personal Pre-Authorized Debit Withdrawal Agreement Form

- Complete this form if you are a tenant of Civida and you like to pay your rent automatically every month through pre-authorized debits from your bank account; **OR**
- Complete this form if you have already signed up for pre-authorized debits and your bank account information has changed.

Please submit this form to Civida via mail, fax, in person at our office or by email to help@civida.ca.

SECTION ONE – PERSONAL INFORMATION

Please provide current contact information for the rent supplement recipient.

First Name(s) (current legal name)	Last name(s) (current legal name)	Preferred Name (if different)
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Email Address

Date of Birth (DD/MM/YYYY)

Tenant Code

SECTION TWO – PAYMENT SET-UP (FOR NEW PAYMENT SET UP ONLY)

Start Date (DD/MM/YYYY)

Monthly Rent	Monthly Parking (if applicable)	Monthly Utilities
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TOTAL MONTHLY WITHDRAWAL:

Note: Pre-authorized withdrawals can only be arranged for payments owed to Civida. We are unable to arrange payments to external utility or cable providers.

SECTION THREE – BANKING INFORMATION

Provide information for one Canadian bank account only. Information must be from a Canadian financial institution.

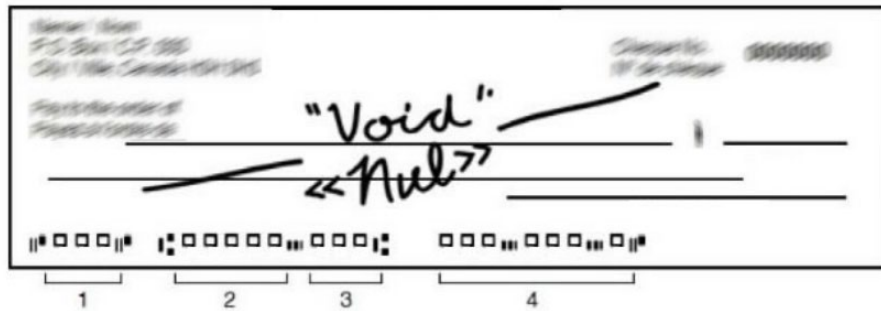
Financial Institution Name

New Sign Up

Change of Banking Information

Submit your banking information in one of two ways:

- Submit a blank cheque or a clear photocopy of a blank cheque marked void (see below); or,
- Complete the following. (This can be done through your bank or an online bank account).



Institution Number

Transit Number

Account Number

Name(s) of Account Holder(s)



Civida.ca
 E: help@civida.ca
 P: 780-420-6161
 F: 780-426-6854
 10232 112 Street NW
 Edmonton, AB T5K 1M4

SECTION FOUR – AUTHORIZATION & SIGNATURE

Please read the terms below, then sign and date this form. All bank account holders must complete the authorization and signature.

I/We:

- agree to the collection of my/our personal information by Civida, including my bank account details, pursuant to the *Freedom of Information and Protection of Privacy Act*. Civida will use this information to issue direct deposit payments into my/our bank account.
- authorize Civida to withdraw *variable* monthly pre-authorized debits if my rental amount or other charges (parking and/or utilities) change. I/we will be charged the rental amount reflected in my latest rent adjustment or annual income review.
- understand that Civida will not use pre-authorized debits for any new or additional payment types (such as maintenance chargebacks and arrears) not previously agreed to on this form.
- understand that I/we may cancel this authorization by providing *written notice* to Civida at the address or email listed above, at least five business days before the end of the month. I/we understand that the cancellation of my pre-authorized debit does not cancel my payment obligations to Civida.
- ensured the payment date and amount match the due date and amount required as per my lease agreement and any new documentation pertaining to my rental amount (such as my Annual Income Review).
- Understand that if my rent payment is returned as "NSF" (non-sufficient funds) I will be charged a \$25 fee.
- understand that Civida may cancel my pre-authorized debit payment if two consecutive payments are returned due to insufficient funds.
- will provide Civida written notice (using this form) of any changes to my bank account information at least five business days before the end of the month.
- understand I/we may dispute with Civida a payment withdrawn as a result of this pre-authorized debit within 90 days of the payment being withdrawn.
- 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 withdrawal that is not authorized or is not consistent with the terms of this agreement.

This form must be signed by the rent supplement recipient(s).

Name	Signature
Name	Signature

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process, during the course of the customer(s)'s stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment of all our customers. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. Limited information may also be used by Civida and/or provided to the Minister of Seniors and Housing for the purpose of developing programs, activities or policies (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPcoordinator@civida.ca