



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

1. Customer Information (please print clearly):

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

E-mail Address: _____

2. Bank Account Information:

Financial Institution Number (3 Digits): _____

Financial Institution Name: _____

Financial Institution Branch Address: _____

Deposit Account Number: _____

Branch Transit Number: _____

Chequing Account: _____ Savings Account: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize _____ to debit the bank account identified above for _____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (check one) _____ personal _____ business use

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

Name: _____
(Please print)

Name: _____
(Please print)

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 recourse rights, contact your financial institution or visit www.cndpay.ca.

