



**PRE-AUTHORIZED DEBIT AGREEMENT**

**CUSTOMER INFORMATION**

\_\_\_\_\_  
Please Print Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province, Postal Code  
\_\_\_\_\_  
Telephone

**PRE-AUTHORIZED DEBIT (PAD)**

I here by authorize \_\_\_\_\_ the debiting of my account in the amount of \$ \_\_\_\_\_ by method of Electronic Funds Transfer on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_

These services are for (check one) \_\_\_\_\_  
Personal use Business use

I, the payor, may revoke this authorization at any time, subject to providing \_\_\_\_\_ days (not to exceed 30 days) notice.

**BANKING INFORMATION**

Bank Route # \_\_\_\_\_ Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_  
(All numbers must be provided)

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province  
\_\_\_\_\_  
Postal Code

\* If the debit is from a chequing account, please attach a VOID cheque\*

I have certain recourse rights if any debits does not comply with this agreement. For example, I have the right to receive reimbursement for any 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 recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Account holder signature

\_\_\_\_\_  
Date of signature

**PAYEE CONTACT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, AB, Postal Code

\_\_\_\_\_  
Telephone