# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Company / Payee Name: _____

Customer Information:

**Full Name(s):** _____

**Address:** _____

**City:** _____ **Province:** _____

**Postal Code:** _____

**Bank Account Information:**

Financial Institution Name: _____

Branch Transit Number (5 digits): _____

Institution Number (3 digits): _____

Account Number: _____

**Authorization Details:**

I/we authorize and request the above-named Payee to debit my/our account indicated above (the "Account") for payment of amounts owing in respect of my/our account(s) with the Payee, as agreed to from time to time. I/we waive the right to receive pre-notification of debits, where allowed by law. The Payee may debit the Account on agreed dates. This authorization is provided for the benefit of the Payee and the financial institution maintaining the Account and is provided in consideration of the financial institution agreeing to process debits against the Account in accordance with the Rules of the Canadian Payments Association.

I/we acknowledge that the authorization is provided to the Payee and the financial institution and that I/we have certain recourse rights if a debit does not comply with this agreement. I/we waive any notice of changes to the PAD agreement or to the pre-authorized debit amounts, except as required by law. This authorization applies to all PADs issued in accordance with this agreement.

**Cancellation and Revocation:**

This authorization may be cancelled at any time upon providing written notice to the Payee. Cancellation does not affect debits made before the Payee and the financial institution have had reasonable opportunity to act on the notice.

**Customer Acknowledgment:**

I/we have read and understood this PAD Agreement and agree to its terms. I/we acknowledge that I/we have certain rights to cancel this authorization and to dispute debits, subject to the terms of my/our financial institution.

**CUSTOMER SIGNATURE**

Date: _____

Signature: _____

**WITNESS SIGNATURE**

Date: _____

Signature: _____