

Payor's Pre-Authorized Debit (PAD) Agreement

Payor Information

Full Name(s)

Address

City

Province

Postal Code

Contact Phone

Email

Reference Information

These services are for: (please check one)

Personal Use

Business Use

Pre-Authorized Debit (PAD) Details

Amount of Payment:

Fixed:

Variable:

Frequency:

Weekly

Bi-weekly

Monthly

One Time *

Other**

*If selected, this Agreement will only permit a single PAD

**Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD

Start Date:

Expiry Date:

Attach a void cheque or a PAD / Direct Deposit form provided by a financial institution

Payor's Pre-Authorized Debit (PAD) Agreement

Payor Agreement

I/We authorize _____, and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit payment(s) as set out above from my/our account.

For a one-time PAD, this PAD Agreement will no longer be valid once the payment has been fulfilled. Any subsequent PAD(s) will require a newly authorized PAD Agreement. For a sporadic PAD, _____ is required to obtain due authorization from me/us for each sporadic PAD prior to the PAD being issued.

I/We have certain recourse rights if any debits do not comply with this PAD Agreement. For example, I/we have the right to receive reimbursement for any debit 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 may contact my/our financial institution or visit www.payments.ca.

_____ contact information for inquiries regarding its practices related to personal information, privacy and information security, obtain information or seek recourse with respect to any PAD (if different than above):

_____ may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing _____ days prior written notice to me/us.

I/We confirm that I/we have authority under the terms of my/our account agreement with the financial institution to authorize debits.

Authorized Signature(s):

_____	_____	_____	_____
Payor Signature	Date	Payor Signature	Date

Payment Service Provider

(if collecting payments on behalf of an entity providing a Payor with goods and services)

Description of arrangement between Payee and entity providing the Payor with goods and services:

Waiver of Pre-Notification and Confirmation

(Does not apply to sporadic PADs)

I/We waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA Rules of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

_____	_____	_____	_____
Payor Signature	Date	Payor Signature	Date

Cancel Payment

(_____ days' written notice is required before the next PAD will be issued. Cannot exceed 30 days.)

I/We hereby cancel this Payor's PAD Agreement effective: _____

_____	_____	_____	_____
Payor Signature	Date	Payor Signature	Date

I/We may cancel this PAD Agreement at any time upon notice as indicated above and may obtain a sample cancellation form, or more information on my/our right to cancel at my financial institution or by visiting www.payments.ca. _____ may also cease issuing PADs upon 30 days' notice to me.