

Enter your organization name and logo (if applicable)

Pre-authorized Debit Agreement (PAD Agreement)

1. Payor Information (Please print clearly)																													
Name ...																													
Mailing Address ...		Phone Number ...																											
City ...	Province ...	Postal Code ...																											
2. Payor Bank Account Information ("Account") and Payment Details																													
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Transit Number							<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> Institution Number				<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Account Number																		
Financial Institution Name Enter Financial Institution Name																													
Financial Institution Branch Address Enter Financial Institution Branch Address																													
Debit Amount <input type="checkbox"/> Fixed at \$ Enter Amount <input type="checkbox"/> Variable Enter any conditions that may apply to the variable amount		Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings																											
Transaction Date Please attach a void cheque.		From: Enter From Date																											
		To: Enter To Date																											
These services are for (check one): <input type="checkbox"/> Personal <input type="checkbox"/> Business Use																													
Frequency of each pre-authorized debit ("PAD"): <input type="checkbox"/> Monthly <input type="checkbox"/> One-time* <input type="checkbox"/> Sporadic**																													
If PADs occur monthly : Regular monthly payments for the full amount of services delivered will be debited from my/our specified Account on the Enter day day of each month. These services are for Enter reason / payment of all charges arising under my/our (Your Organization's Name) account(s)) .																													
<p>* If this PAD occurs on a one-time basis, this PAD Agreement will no longer be valid once the payment has been fulfilled. For any subsequent PAD Enter Your Organization Name, shall obtain a new payor's PAD agreement and due authorization from me/us in accordance with rule H1 ("Rule H1") of the Canadian Payments Association ("CPA", operating as Payments Canada).</p> <p>** For any PAD(s) that occur(s) on a sporadic basis, Enter Your Organization Name shall obtain due authorization from me/us in accordance with Rule H1 for each PAD that Enter Your Organization Name issues against me/us.</p>																													

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3. Pre-Authorized Debit Details

Authorization: I/We acknowledge that this PAD Agreement is provided for the benefit of **Enter Your Organization Name**, as the payee, and is provided in consideration of Vancouver City Savings Credit Union agreeing to process debits against the Account (designated above) with my/our financial institution (or any other financial institution I/we may authorize at any time) in accordance with CPA rules.

I/we confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/we authorize at any time in the Transaction Date period indicated above, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

Confirmation and Pre-notifications: **Enter Your Organization Name** will, at least 10 calendar days before the due date of the first PAD, provide me/us a confirmation in accordance with Rule H1.

For **fixed-amount, set interval PADs** (e.g., monthly PADs) **Enter Your Organization Name**, will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.

For **variable amount PADs**, after the first PAD, **Enter Your Organization Name** will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before the due date of the variable amount PAD, unless an exception under Rule H1 applies.

Cancellation of PAD Agreement: I/we acknowledge that I/we may revoke, change or cancel my/our authorization under this PAD Agreement at any time in writing to **Enter Your Organization Name**. I/we understand and accept that this notification must be provided to **Enter Your Organization Name** at the contact information indicated below at least 30 calendar days before the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, **Enter Your Organization Name** will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit www.payments.ca.

Recourse/Reimbursement: I/we acknowledge that I/we 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

Enter your organization name and logo (if applicable)

4. Payee Contact Information:

Organization Name (Payee Name)

...

Address

...

Email Address

...

Phone Number

...

Fax

...

I/We understand and accept the terms of entering into this PAD Agreement and participating in this PAD plan.

Signature of Account Holder

X

Name

...

Date

...

Signature of Joint Account Holder (if appropriate)

X

Name

...

Date

...

Note: If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.

Please submit completed and signed form to **Enter preferred form submission method, i.e email address**