Pre-Authorized Debit (PAD) Agreement

education foundation of niagara

1. Customer Information (Please Print Clearly)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

2. Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐ Chequing: ☐ Savings: ☐

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

I, the Payor, authorize the Education Foundation of Niagara to debit the bank account identified above for $_____ on the 15th of every month or the next business day.

These services are for (check one): ☐ Personal ☐ Business Use

I, the Payor, may revoke my authorization at any time in writing via letter or email subject to **providing notice of 30 days**. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I will contact my financial institution or visit **www.cdnpay.ca**

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print)

Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I will contact my financial institution or visit **www.cdnpay.ca.**

When the form is complete, mail email or fax to:

Education Foundation of Niagara
191 Carlton Street
St. Catharines ON L2R 7P4
Tel: 905-641-2929 x54104 Fax: 905-641-9521
Email: efn@dsbn.org