

# Pre-Authorized Debit (PAD) Agreement



## 1. Customer Information (Please Print Clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 2. Bank Account Information

Deposit Account Number: 

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Branch Transit Number: 

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Financial Institution Number: 

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 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: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

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 to: **Education Foundation of Niagara**  
**191 Carlton Street**  
**St. Catharines ON L2R 7P4**  
**Tel: 905-641-2929 x37711**  
**Email: efn@dsbn.org**