

# Pre-Authorized Debit Agreement Payor's Sporadic PAD Agreement

## Payor's Account Information

Last and first names of account holders			Phone No.
Address (street, city, province/territory)			Postal code
Name of financial institution	Institution No.	Transit No.	Account No. (with check digit)

## Payee's Contact Information

Name of organization	Email address or contact person		
Address (street, city, province/territory)		Postal code	Phone No.

## Withdrawal Authorization

I, the undersigned (if a legal person, herein represented by its duly authorized representative(s)) authorize the Payee to make sporadic pre-authorized debits (PADs), from time to time, from my account with the aforementioned financial institution, for payments in line with our service agreement or defined as follows:

I understand that the Payee will obtain my authorization before each sporadic debit from my account.

Which together constitute a: ☐ personal PAD ☐ business PAD

### Changes or cancellation:

I will inform the Payee, in a timely manner, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of \_\_\_\_ days (maximum 30 calendar days). I may obtain a sample of the cancellation form, or more information on my right to cancel a PAD Agreement, by contacting my financial institution or by visiting the Payments Canada website at [payments.ca](https://payments.ca). I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution where my account is held is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that providing the Payee with this authorization is the same as providing it to the above-mentioned financial institution.

## Reimbursement

I have certain recourse rights if a debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit [payments.ca](https://payments.ca).

The financial institution will reimburse me, on behalf of the payee, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a personal PAD and within 10 business days for a business PAD, provided that the reimbursement is claimed for a valid reason.

I understand that I must file a claim with my financial institution according to the procedure it provides me.


Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and the organization, without any liability or commitment from my financial institution.

## Consent to Disclosure of Information

I hereby consent to the disclosure of the information contained in my Pre-Authorized Debit Agreement to the financial institution, provided such information is directly related to and required for the application of the rules for pre-authorized debits.

## Signatures of Account Holders

<b>X</b> _____ Signature of account holder	_____ Date (YYYY-MM-DD)
<b>X</b> _____ Signature of second account holder (only if 2 signatures are required)	_____ Date (YYYY-MM-DD)

 **IMPORTANT: Attach a personal cheque marked "VOID" to prevent transcription errors. If you change your account or your financial institution, please advise the Payee.**