



## Pre-Authorized Debit (PAD) Agreement

### 1. Customer Information

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. Bank Account Information

Bank Name and Address: \_\_\_\_\_

Institution Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

--- OR ---

- I have enclosed a cheque marked 'VOID'

### 3. Pre-Authorized Debit (PAD) Details

Please select the desired withdrawal date:

- The 20<sup>th</sup> of the month, or following business day
- The last business day of the month

You, the Payor, authorize Lambton Elderly Outreach to debit the bank account identified above on the selected withdrawal date, for any fees outstanding on your account. These services were for personal use. You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days to Lambton Elderly Outreach. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Account Holder

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

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

If you have any questions please call 519-845-1353. When the form is complete, please return in enclosed envelope. A copy of the signed agreement will be returned to you.

Main Office  
4486 London Line, R.R. #1  
Wyoming, Ontario N0N 1T0  
519-845-1353 Fax: 519-845.1364  
1-800-265-0203

