

Pre-Authorized Debit Authorization - Payor's PAD Agreement

Holder and details of the account to be debited:

Name and first name of the holder (s)		Phone Number	
Address	City and province, Postal code	Email address	
Financial institution	Institution No.(3 digits)	Transit No (5 digits)	Account No.

Attach a sample check to avoid mistakes

Details of the invoice to pay	

Recipient organisation - contact information

Gestion ARSO 7-65, rue Adrien-Robert, Gatineau, Qc J8Y 3S3	Email: comptabilite@centremultisportgatineau.ca
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Withdrawal authorization

I, the undersigned, authorize the recipient organization to make authorized debits (PADs) in my account at the financial institution named above, at the following frequency:

Single payment in the amount of \_\_\_\_\_ \$ on the (date) \_\_\_\_\_ 2017

Change or cancellation :

I will notify the recipient organization at least 10 business days in advance of payments, of any changes to these terms. I may revoke my authorization at any time, upon giving notice of ten (10) business days. To cancel this DPA agreement, I can contact my financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca). I release the financial institution of any liability if the revocation was not respected, unless it is a gross negligence on its part.

I agree that the financial institution where I have my account is not required to verify that the payment is made in accordance with my authorization.

I acknowledge that surrendering this authorization to the recipient organization is equivalent to remitting to the financial institution indicated above.

Consent to Disclosure :

I consent that the information contained in my application for pre-authorized debit will be communicated to the financial institution, to the extent that this communication is directly related and necessary to the proper implementation of rules applicable to pre-authorized debit.

A fee of \$ 35.00 will be applicable by the recipient organization for any payment refused "unpaid" by the financial institution

Signature of the holder (s)

\_\_\_\_\_ (date) \_\_\_\_\_ (date) \_\_\_\_\_

Signature of the account holder \_\_\_\_\_ (dd/mm/aaa) \_\_\_\_\_ Signature of the second holder if 2 signatures are required