

Pre-Authorized Debit (PAD) Form



Select one: Start Stop Change

Effective Date (dd/mm/yy): _____

PART 1: ACCOUNT INFORMATION

Plan Type RRSP/LRSP/LIRA RRIF/LIF/LRIF TFSA RLSP RLIF

Account Holder _____
Account Holder's Name Account #

OR
 Mortgage _____
Borrower's Name Mortgage Account #

PART 2: CUSTOMER INFORMATION

Address _____ Home Phone _____ Business Phone _____

City _____ Province _____ Postal Code _____ Cell Phone _____ Email _____

PART 3: BANKING INFORMATION

Bank _____ Transit Number _____ Account Number (attach "VOID" cheque) _____

PART 4: PAD DETAILS

The Payor authorizes Community Trust to debit the bank account identified the amount of \$ _____.

Select one: Weekly Bi-weekly Monthly Quarterly One Time Only

Select one: Contribution Fees On a regular basis pursuant to the terms of my/our mortgage/loan agreement

PART 5: SIGNATURE

1. I/we hereby authorize Community Trust Company to draw payments due by me/us to Community Trust Company. I/we understand that if an adjustment is required, the amount of the pre-authorized debit will be changed. I/we acknowledge that this pre-authorized debit is a Personal PAD.
2. **I/We hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.**
3. I/we hereby authorize the above-noted financial institution to pay Community Trust Company and debit my account and to treat each debit the same as if I/we personally directed payment.
4. This authorization may be cancelled at any time upon written notice.
5. Any delivery of this authorization to Community Trust Company constitutes delivery by me/us.
6. This authority is to remain in effect until Community Trust Company has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.
7. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I expressly request that this document and any related instruments be drawn up in the English language. Je demande expressément que la présente formule et tous les documents qui s'y rapportent soient rédigés en anglais.

Account Holder's Signature _____

Account Holder's Name _____

_____ Date (dd/mm/yy)

PRIVACY

Privacy Statement

Community Trust Company is committed to protecting the personal information of our clients. Personal information obtained in the course of doing business with you is not collected, used or disclosed except in compliance with governing legislation, including Canada's Personal Information Protection and Electronic Documents Act (PIPEDA).