



## Payment Option A Pre-Authorized Debit (PAD) Agreement

<b>1. Customer Information</b>									
Name:									
Address:									
City:			Province/State:				Postal/Zip Code:		
Telephone Number:									
<b>2. Bank Account Information</b>									
Name of Financial Institution:									
Branch Address:									
City:			Province/State:				Postal/Zip Code:		
Branch Number		Bank Number		Account Number				Account Type (please circle one)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Chequing								<input type="checkbox"/> Savings	
<b>3. Pre-Authorized Debit (PAD) Details</b>									
Frequency:	<input type="text"/>	One Time			Date:			Amount:	
	<input type="text"/>	Monthly		Start Date:		Number of Months:		Amount:	
Type of Service:	<input type="checkbox"/>	Personal		<input type="checkbox"/>	Business				
I authorize Paul Penna Downtown Jewish Day School and my financial institution to begin deductions as per my instructions. I, the Payor, may revoke authorization at any time in writing subject to providing notice of 30 days. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement, at my financial institution or by visiting <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .									
Signature of Account Holder:					Signature of Joint Account Holder:				
Print Name:					Print Name:				
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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my recourse rights, I may contact my financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .									