

PRE-AUTHORIZED DEBIT AGREEMENT

Location: _____ Date: _____

Customer Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Financial Institution Information:

Institution Name: _____

Branch Address: _____

Transit Number: _____

Institution Number: _____

Account Number: _____

Payment Authorization:

I/we authorize [Company Name] and the financial institution designated above to begin deductions as per the terms outlined below. This authorization is to remain in effect until [Company Name] has received written notification from me/us of its cancellation. I/we acknowledge that the origination of pre-authorized debits to my/our account must comply with the Canadian Payments Association rules.

Terms and Conditions:

1. Debit Amount and Frequency

The amount to be debited and the frequency of withdrawal will be agreed upon separately between the parties. Any changes to the amount or frequency will be communicated in writing in advance.

2. Effective Date

The pre-authorized debit agreement will become effective upon execution by the customer and will continue until terminated in accordance with these terms.

3. Cancellation

You have the right to cancel this agreement at any time by providing written notice to [Company Name] at least 10 business days before the next scheduled debit date.

4. Insufficient Funds

If there are insufficient funds in the account to cover a debit, [Company Name] may attempt to debit again or terminate the agreement. Fees resulting from insufficient funds may be charged.

5. Refunds

You have the right to request a refund for any debit that was not authorized or was not consistent with this agreement, by contacting your financial institution within 90 days of the debit.

6. Account Information Changes

You shall promptly notify [Company Name] of any changes to your banking information to avoid payment interruptions.

7. Privacy

Your personal and banking information will be kept confidential and used solely for the purpose of processing pre-authorized debits, in compliance with applicable Canadian privacy laws.

8. Governing Law

This agreement is governed by the laws of Canada and the province of [Province], and all disputes shall be subject to the jurisdiction of those courts.

CUSTOMER SIGNATURE

AUTHORIZED COMPANY REPRESENTATIVE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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