

Pre-Authorized Debit (PAD) Agreement

Niagara Association for Christian Education (NACE)
Attn: Finance Office
P.O. Box 924
Smithville, ON L0R 2A0

Phone: (905) 957-7796
Fax: (905) 957-7794
Email: finances@nace.ca

Name(s)		
Address		
City	Province	Postal Code
Name of Financial Institution: _____		
Branch Address: _____		
Financial Institution Number	<input type="text"/> <input type="text"/> <input type="text"/>	Branch Transit Number
Account Number	<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="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>I/we (above named) authorize NIAGARA ASSOCIATION FOR CHRISTIAN EDUCATION to debit my/our account indicated above, in the amount of \$ _____ on the 15th of each month starting on _____ until _____ (please indicate month and year) OR one time on the 15th of _____ (please indicate month and year) unless I notify NACE - Attention Finance Office in writing of a cancellation.</p> <p>The pre-authorized payment(s) are for personal services, and each payment shall be the same if I/we had personally issued a cheque authorizing the Bank to pay "Niagara Association for Christian Education" as indicated and to debit the amount specified to my/our account.</p> <p>I/we will notify NACE - Attention Finance Office in writing if I/we move the account from one bank or branch to another or if there is any other change in the account.</p> <p>I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.</p> <p>Payor may revoke their Authorization at any time in writing, subject to providing notice of 30 days.</p> <p>Any delivery of this authorization to NIAGARA ASSOCIATION FOR CHRISTIAN EDUCATION constitutes delivery by me/us to the Bank.</p> <p>I/we have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca.</p> <p>I/we am/are the person(s) who are required to sign on the above account.</p>		
_____	_____	
Date	SIGNATURE	

	SIGNATURE	
**PLEASE ATTACH A CHEQUE MARKED "VOID" TO THIS FORM		