



**CLIENT APPLICATION FORM
 PAYOR's PAD Agreement
 Personal Pre-Authorized Debit Plan
 Authorization of the Payor to the Payee to Direct Debit an Account**

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION
(please type or print clearly)

| | | | |
|----------------------------|--|----|--|
| Payor Name(s) 1. | | 2. | |
| Address | | | |
| Telephone/Cell# | | | |
| Signature of Payor | | | |
| Date | | | |



PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(please print clearly)*

| | | | |
|--------------------------------------|----------------------|-----------------------|--------------------|
| Branch Number | Institution # | Account Number | |
| | | | |
| Name of Financial Institution | | | |
| Branch Address | | | |
| City/Province | | | Postal Code |
| | | | |

PAYEE INFORMATION *(please type or print clearly)*

| | |
|-----------------------|---|
| Payee Name(s): | SUNDOWNERS DAY CARE AND RESOURCE CENTRE |
| Address | P.O. Box 925 Windsor, Ontario N9A 6P2 |
| Telephone: | 519-258-8741 |
| Fax: | 519-258-9948 |

PAYMENT INFORMATION *(please type or print clearly)*

| | |
|--|---|
| Please specify whether the payment is a: <i>(please check one)</i> | Fixed Amount <i>(please specify)</i> N/A <input checked="" type="checkbox"/> Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: N/A |
| Occurring at: <i>(please check)</i> | <input checked="" type="checkbox"/> Set intervals: Please specify the timing (i.e. weekly, bi-weekly, <u>monthly</u>): Monthly- 10th of the month only |
| Are Top-ups or adjustments permissible? | Yes N/A - Variable Amount No |

**PLEASE RETURN THE COMPLETE APPLICATION FORM WITH THE
VOID CHEQUE TO THE SITE SUPERVISOR.**

**PAYOR'S PAD AGREEMENT
 Pre-Authorized Debit Plan Terms and Conditions**

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.

I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").

I authorize the Financial Institution to honour and pay such debits.

This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.

I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with the Agreement, shall be binding on me as if signed by me, and in the case of paper debits, as if they were cheques signed by me.

- 3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in the Agreement, I must provide notice of revocation or cancellation to the Payee.
This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PAD's.

I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at any financial institution or at www.cdnpay.ca

- 4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
- 5. I agree that delivery of the Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
- 6. I understand and agree to waive the pre-notification of the payment schedule or abide by any modification to the pre-notification as agreed to with the Payee.

➔ X

Signature of Payor

- 7. I agree that with respect to Personal PAD's, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
- 8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, the Agreement shall continue in respect of any new account to be used for Personal PADs.
- 9. I understand that I have certain recourse/reimbursement 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. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca
- 10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
- 11. I agree that a payment service provider will administer the PAD. **SUNDOWNERS** will be administering the PAD.
- 12. I understand and agree to the foregoing terms and conditions.

SITE # _____
CUSTOMER # _____

13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or any currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

➔ _____
Name of Account Holder Signature Date

➔ _____
Name of Account Holder Signature Date

**PLEASE RETURN THE COMPLETE APPLICATION FORM
WITH THE VOID CHEQUE TO THE SITE SUPERVISOR.**

THANK YOU!