



Pre-Authorized Debit (PAD) Agreement

Customer Information <i>(please print clearly)</i>	
Full Name:	
Company Name:	
Billing Account Number/Customer Code:	
Mailing Address:	
City:	Province:
Postal Code:	Telephone No:
These services are for: <i>(please check one)</i> Personal <input type="checkbox"/> Business use <input type="checkbox"/>	

Pre-Authorized Debit (PAD) details <i>(please print clearly)</i>	
Financial Institution:	
Branch Address:	
City:	Province:
Postal Code:	Telephone No:
Bank Number : (3 digits) <input type="text"/> <input type="text"/> <input type="text"/>	Transit Number: (5 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	
<i>Please attach a voided copy of your cheque with your account number micro encoded on the bottom</i>	

I/we authorize Morneau Shepell to begin deductions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Morneau Shepell account(s). Regular monthly payments for the full amount indicated on the monthly premium billing statement will be debited from my/our specified account on the 1st day of each month. Morneau Shepell will obtain my/our authorization for any other one-time or sporadic debits.

Please ensure your Financial Institution is advised in advance of the regular monthly recurring payments. Many institutions will require notification from you prior to the first withdrawal in order to avoid declined payments on suspicion of fraudulent charges.

I/we acknowledge that any NSF fees will be my/our responsibility if payment is declined for any reason.

I/we will notify Morneau Shepell promptly in writing if I/we move the account from one bank or branch to another, or if there is any other changes in the account.

I/we may revoke this authorization at any time, subject to providing notice to Morneau Shepell. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address below. I/we understand that if I/we cancel this authorization, it does not mean that our contract obligations to the Company are ended. For more information on my right to cancel a PAD agreement or obtain a sample cancellation form, I/we may visit: www.cdnpay.ca.

I/we are authorized to sign on behalf of the above account.

Date

Authorized Signature(s)

Name/s (please print)

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.

Please fax the completed form to:

**New Business Team
Fax: 1-877-464-0109**