

# Emmanuel Home

## Pre-Authorized Debit (PAD) Agreement

### Pre-Authorized Debit (PAD) Details

I/We authorize Emmanuel Home to debit my bank account for: \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each and every consecutive:

- Week
- Bi-Week
- Semi-Month (15 and last day of the month)
- Month

These services are (*check one*) \_\_\_\_\_ personal use \_\_\_\_\_ business use.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This authority is to remain in effect until Emmanuel Home has received written notification from me of its change or termination. This notification must be received at **at least 30 days in advance of the next pre-authorized debit** at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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 consistent with the PAD agreement. To obtain more information on my recourse right, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Member Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Bank Account Information

FI Transit Number	Route	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"/> <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"/>

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**Please attach a cheque marked VOID to this application and return both items to:**

Finance Office  
Emmanuel Home  
13429 57 St NW  
Edmonton, AB  
T5A 0T8  
Fax: 780-456-0653