PAD BILLING INVOICE

Invoice No:	
Date:	

CUSTOMER / DEBTOR INFORMATION

Name:		**Phone:**	
Address:		**Email:**	
City/Prov/PC:		**Customer Ref #:**	

RECURRING CHARGES SUMMARY

Description of Services	Billing Cycle Frequency	Amount (Before Taxes)
	Subtotal:	
	Taxes:	
	Total Amount per Cycle:	

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PAD Type: ☐ Personal PAD ☐ Business PAD

Payment Type: ☐ Fixed Amount Payment ☐ Variable Amount Payment (up to a maximum of $_____ per cycle)

Financial Institution Information

Branch Address / Financial Institution Name	Transit Number	Institution ID	Account Number

Debit Schedule: Debit will occur on the _____ day of each _____ (month/quarter/year), starting on _____.

By signing this authorization form, the payor agrees to participate in this PAD recurring payment plan and authorizes the payee to draw debits on the specified account for the purposes of payment of the recurring invoice details noted above. This authority is to remain in effect until the payee has received written notification from the payor of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.payments.ca.

Authorized Signature
(For joint accounts requiring multiple signatures, sign both)

Date (YYYY-MM-DD)

Print Name

Second Signature (If applicable)