MANOR PARK COMMUNITY COUNCIL PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

NAME OF CHILD(REN) RE	GISTERED:	
1. Customer Information		
PAYOR Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
2. Banking Information		Void cheque attached \square
Account Number:		Branch Transit Number:
Financial Institution Number:	Chequing	: Saving:
Financial Institution's Name:		
Address:		
City:	Province:	Postal Code:
3. Pre-Authorized Debit (PAD)) Details	
for regular recurring payme	nts or, from time to time, for ed account on the fifteenth of the amount of each one	
4. Cancellation		
	t more about the PAD cancell	vith a thirty (30) day notice in writing to MANOR PARK COMMUNITY ation process or to obtain a sample cancellation form, you may contact you
Signature of Account Holder:		Signature of Joint Account Holder (if applicable):
Name:(please print)		Name:(please print)
Date:		Date:

You, the Payor, 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 not consistent with this PAD agreement. To learn more about your recourse rights, you may contact your financial institution or visit www.cdnpay.com.

4. Inquiries

When the form is complete or for any inquiries, our contact information is as follows:

MANOR PARK COMMUNITY COUNCIL (MPCC) 100 Braemar Street, Ottawa, ON K1K 3C9 613-741-4776 payments@manorpark.ca