



**Type of Payment (select one):**

- Business PAD - the payments are for business purposes.
- Personal PAD - the payments are for personal purposes (e.g. personal residence).

**Recourse Rights**

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 PAD that is not authorized or is not consistent with this PAD Agreement.

To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may **contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)**

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Payor Signature Date:

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Payor Signature Date

**Remember to attach your void cheque please**