



**PRE-AUTHORIZED PAYMENT FORM (PAD Form)**

If you would like your account on automatic payment through your bank, please fill out this form and return along with a **VOID CHEQUE or BANK AUTHORIZATION**. Your payment will be taken from your bank account on a business day, on or about the 20<sup>th</sup> of the following month of your purchase or of each month for equal billing accounts. You will continue to receive a monthly statement summarizing your monthly purchases giving you the total amount that will be automatically withdrawn from your bank account or the amount will be consistent as per your equal billing contract.

This authority is to remain in effect until North Wellington Co-operative Services Inc. has received written notification from me/us of its change or termination. This notification must be received at the address above, at least 20 business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [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/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).

Name (print): \_\_\_\_\_

Address (print): \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

North Wellington Co-op Account # \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

(FI) Transit Number \_\_\_\_\_ - \_\_\_\_\_ (FI) Account Number: \_\_\_\_\_

(branch – 5 digits; FI – 3 digits)

Date: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

By signing this form you agree that you have read, understand and agree to this form and give authorization for funds to be taken from your bank account.

If you have any questions, please call 1-519-338-2331 or 1-800-667-3056 to speak with our credit department. Return via fax: 1-519-338-3513 or mail to the above Harriston address.