

# Pre-Authorized Debits (PADs) Rule H1

Payor's PAD Agreement – Mandatory and Supplementary Elements

## Central Canadian District of the Christian & Missionary Alliance in Canada (CCD)

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize CCD, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 2nd day of each month. CCD will provide written notice of the amount of each debit on your monthly invoice.

This authority is to remain in effect until CCD has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. 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).

CCD may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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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### PLEASE PRINT

Name(s): \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) (\_\_\_\_\_) \_\_\_\_\_ (Res.) (\_\_\_\_\_) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_ *(branch – 5 digits; FI – 3 digits)*

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

City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**Please send this form to:**

Central Canadian District - Finance Department  
159 Panin Road  
Burlington, ON L7P 5A6  
Tel: 905-639-9615 Ext. 220 Fax: 905-634-7044  
Email: [mcfarlandc@cmaccd.com](mailto:mcfarlandc@cmaccd.com)

[Attached a copy of your void cheque](#)