



When the form is complete, please mail or fax to:
39 Centre Street, Thornhill, Ontario, L4J 1G1
Tel: (905) 771-1131 | Fax: (905) 763-7689
Email: info@accplus.ca | Website: www.accplus.ca

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name:

Street Address:

City:

Province:

Postal Code:

Contact Number:

2. Bank Account Information

Branch Transit Number:

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Financial Institution Name:

Institution Number:

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Deposit Account Number:

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Branch Address:

3. Pre-Authorization Debit (PAD) Details

You, the Payer, authorized Accounting Plus Financial Services Inc. to debit the bank account identified above for \$_____ on the 30th of every month or next business day.

These service are for ☐ Personal ☐ Business Use

You, the Payer, may revoke your authorization at any time in writing or by phone, subject to providing notice of 30 days. And contact Accounting Plus Financial Services Inc. for cancellation form.

Signature of Account Holder:

Signature of Joint Account Holder (If applicable):

Name:

Name:

(Please Print)

(Please Print)

Date:

Date:

You, the Payer 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 [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit www.cdnpay.ca.