

## Pre-Authorized Debit PAD Agreement

### Customer Information

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

Cairn Control Systems Inc. Account #:

### Bank Account Information

Transit #:      Financial Institute:    Account #:

**(Please attach a void cheque or provide a form from your financial institute)**

### Pre-Authorized Details

You, the Payor, authorize Cairn Control Systems Inc. to debit the bank account identified above for \$\_\_\_\_\_ plus applicable taxes on the 1<sup>st</sup> of every month or the next business day. Cairn Control Systems Inc. will provide 15 days written notice of any response charges prior to debiting the bank account.

These services are for (check one):  Personal  Business use

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on your rights to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of account holder:

Signature of joint account holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name of account holder:

\_\_\_\_\_

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement that is not authorized or is not consistent with this PAD agreement.