LINCOLN COUNTY HUMANE SOCIETY
we speak for those who cannot speak for themselves

Payor's PAD Agreement

Name of Payee: Lincoln County Humane Society
Street Address: 160 Fourth Avenue
City: St. Catharines Province: Ontario Postal Code: L2R 6P9
Telephone: 905-682-0767 E-mail: frontdesk@lchs.ca

Payor

Name of Payor:
Street Address:
City: Province: Postal Code:
Telephone: E-mail:

Financial Institution *(the "Processing Institution")*

Name of FI:
Address:

Account Information

Account Info: Institution ID | Branch Transit Nº | Account Nº

Payment Type

The goods or services being purchased with this PAD Agreement are for *(check one)*:

☐ Personal –or– ☐ Business use.

CPA Trans. Code Description of PAD

Amount

☐ Fixed *(enter amount)* ► $
☐ Variable *(enter max. amount)* ► $

Timing

☐ Weekly, starting ►
☐ Bi-weekly, starting ►
☐ Monthly, starting ►
☐ Sporadic
☐ ► *(Specify other set intervals)*
☐ ► *(Specify set dates)*

Authorization

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, I/we acknowledge having received a copy of this agreement, including the terms and conditions on page 2, and I/we acknowledge having read and understood its contents. I/We agree to be bound by this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed below.

Pre-Notification Waiver

☐ **I/we waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.**

Date ✖ Signature of Account Holder

Date ✖ Signature of Joint Account Holder *(if applicable)*

Cancel Payment

Note: You may revoke this authorization at any time in writing or by phone, subject to providing notice of 10 calendar days. To obtain a sample cancellation form, or for more information on you right to cancel a PAD Agreement, contact your financial institution or visit ***www.cdnpay.ca***.