



PRE-AUTHORIZED DEBIT AGREEMENT

PERSONAL INFORMATION (ACCOUNT HOLDER)

Print Name _____

Address: _____

Street _____

City, Province, Postal Code _____

Telephone _____

Email _____

PRE-AUTHORIZED DEBIT (P.A.D)

Client Name _____

I hereby authorize **Robin Hood Association** to debit my account for the amount of the monthly invoices by Electronic Funds Transfer. Withdrawals will occur on the 28th of each month (or closest business day).

This notice may be revoked upon providing 30 days advance written notice in the event of individuals ceasing service or changing of bank accounts.

BANKING INFORMATION

Bank # _____ Bank Transit # _____ Account # _____
(All numbers must be provided)

Name of Bank: _____

Bank Address: _____
Street _____

City, Province _____

Postal Code _____

***** Please attach a VOID cheque or your bank's Pre-Authorized Debit form*****

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.

Account holder signature

Date

ROBIN HOOD ASSOCIATION – CONTACT INFORMATION

Accounts Payable
Robin Hood Association
141 Broadway Blvd, Sherwood Park, Alberta T8H 2A4
PH: (780) 467-7140 – ext 301
FAX (780) 449-2028
payables@robinhoodassoc.com
www.robinhoodassoc.com