Moeen Centre's Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Moeen Centre for the Physically & Developmentally Challenged Young Adults
Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

2. Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐ Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution Name _____

Branch Address _____

3. Pre-Authorized Debit (PAD) Details

I, _____ (the Payor), authorize Moeen Centre to debit the bank account identified above for ☐ $50 ☐ $40 ☐ $30 ☐ $20 ☐ other $_____ on the 17th of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

I, _____ (the Payor), may revoke this authorization at any time subject to providing a written notice of 15 days to Moeen Centre. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit ***www.cdnpay.ca***.

Signature of Account Holder: _____

Name: _____
(Please print)

Date: _____

Signature of joint Account Holder (if applicable): _____

Name: _____
(Please print)

Date: _____

You 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 recourse rights, contact your financial institution or visit ***www.cdnpay.ca***

When the form is complete, mail to:

551 Kennedy Road
Scarborough, Ontario M1K 2B1
Tel: 416-264-5809
Email: moeencentre@yahoo.ca