

PRE-AUTHORISED DEBITS (PAD)

1. Customer Information (Please Print Clearly)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (home): _____ (Office): _____

2. Bank Account Information (complete the following section or include a cancelled cheque)

Deposit Account Number:

Branch Transit Number:

Financial Institution Number:

Chequing Account

Savings Account

Financial Institution Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

3. Pre-Authorised Debit (PAD) Details

I, the Payor, authorise l'Université de Moncton and the Financial Institution identified above to debit the bank account for \$ _____ on the 20th day of every month or the next business day.

These services are for (check one) Personal Business Use

I, the Payor, may revoke this authorisation at any time in writing subject to providing notice of 10 days prior to the next debit date to the address below. 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 or fax to : **Philanthropic Development Office**
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