

Recoveries Department

300 Revillon Bldg., 10320 – 102 Avenue, Edmonton Alberta T5J 4A1 Telephone: (780) 644-3011(local) or (780) 1-866-644-3011 (toll-free) Fax: (780) 427-5909

PRE-AUTHORIZED DEBIT AGREEMENT

	Legal Aid Account # Legal Aid Client Name:		
BANK ACCOUNT INFORMATION	ON		
Name(s) on Bank Account:			
Name of Bank	Bra	anch Address	
PLEASE ATTACH A VOID CHEQU	E OR PROVIDE THE	INFORMATION BELOW.	
FINANCIAL INSTITUTION NO	TR	ANSIT NO.	
	3 digits	5 digits	
DEPOSIT ACCOUNT NUMBER:			
PRE-AUTHORIZED DEBIT AGREE	MENT		
I hereby authorize Legal Aid Albe day of each month, sta (Choose 1 st , 5 th , 15 th , 20 th , 25 th , or 30 th) which is payable to The Legal Aid personal use.	arting the month o	f, 20,	
You the Payor may revoke your authorize cancellation form, or for more informator visit www.cdnpay.ca			•
Date	Signature	Signature (if joi	int account)
You have certain recourse rights if any or receive reimbursement for any debit the more information on your recourse right	at is not authorized or	s not consistent with this PAD agreen	-
THIS PORTION IS FOR LEGAL AID AL	BERTA USE ONLY		
Received by:		Date:	