

## Personal Pre Authorized Debit (PAD) Plan

### Authorization of the Payor to the Payee to Direct Debit an Account

**Instructions:**

1. Complete all sections in order to instruct your Financial Institution to make payments directly from your account.
2. Read the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to your Manager or Leduc Foundation's Administration Office at the address noted below.
4. If you have any questions, please see your Site Manager or Housing Services staff.

**Payee:**

## Leduc Foundation

5118 – 50 Avenue, Leduc, AB T9E 6V4

Phone: 780-986-2814, Fax: 780-986-4881, Email: [info@leducfoundation.ca](mailto:info@leducfoundation.ca)

**Payor Information (Please Type or Print Clearly)**

Payor Name	
Address	Facility
Telephone #	
Signature	Date (DD – MM – YYYY)

Payor Name	
Address	
Telephone #	
Signature	Date (DD – MM – YYYY)

**Payor Financial Institution/Banking Information (Please Type or Print Clearly)**

Layer 1 financial institution: Banking information (Please type or print clearly)											
Branch #				Institution #				Account #			

Name of Financial Institution	Branch
Branch Address	
City/Province	Postal Code

**Payment Information (Please Type or Print Clearly)**

Payment is:	Interval:	Are top-ups or adjustments permissible?
<input checked="" type="checkbox"/> Variable Amount to maximum of \$	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Yes

## Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs this agreement.
2. I agree to participate in this Pre-Authorized Debit Plan for rent/accommodation charge purposes and I authorize Leduc Foundation and any successor or assign of Leduc Foundation to draw a debit in paper, electronic or other form for the purpose of making payment for rent/accommodation and optional charges (a "Personal PAD") on my account indicated above, hereof (the "Account"), at the Financial Institution indicated above, hereof (the "Financial Institution") and I authorize the Financial Institution to honor and pay such debits. This Agreement and my authorization are provided for the benefit of Leduc Foundation and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this

Agreement, shall be binding on me as if signed by me and, in the case of paper debits, as if they were cheques signed by me.

3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that In order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to Leduc Foundation. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and Leduc Foundation.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn In accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to Leduc Foundation constitutes delivery by me to my Financial Institution. I agree that Leduc Foundation may deliver this Agreement to Leduc Foundation's Financial Institution and agree to the disclosure of any personal information which may be contained in this Agreement to such Financial Institution.
6. I agree that this is a variable amount Personal PAD occurring at monthly intervals and understand that this Personal PAD Plan provides for a change in the amount as a result of my direct action (such as, but not limited to, a direct request or telephone instruction) requesting Leduc Foundation to change an optional service being provided and therefore, the amount of a PAD, no pre-notification of such changes is required.
7. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
  - a. the Personal PAD was not drawn in accordance with this Agreement;
  - b. this Agreement was revoked or cancelled;

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed, Personal PAD, I must sign a declaration to the effect that either (a) or (b) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with Leduc Foundation, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.

8. I certify that all information provided with respect to the Account is accurate and I agree to inform Leduc Foundation in writing, of any change in the Account Information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association (CPA) or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of the services described herein.