



Pre-Authorized Debit (PAD) Agreement

Customer Information

Name of Applicant: \_\_\_\_\_

Account Number: [Grid]

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Bank Account Information

Deposit Account Number: [Grid]

Branch Transit Number: [Grid]

Financial Institution Number: [Grid]

Chequing Account

Savings Account

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Pre-Authorized Debit (PAD) Details

You, the Payor authorize Agile Underwriting Solutions to debit the bank account identified above for \$\_\_\_\_\_ on the \_\_\_\_\_ of every month or the next business day.

These services are for (check one)

Personal

Business Use

You, the Payor, may revoke your authorization at any time by sending an email to programs@agileuw.ca subject to providing notice of 15 days. 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: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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: Agile Underwriting Solutions, 1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6 Tel: 1-844-866-9876x 2400 Fax: 1-855-741-5800 Email: programs@agileuw.ca