

Meals On Wheels London

Payor's Pre-Authorized Debit (PAD) Agreement

To authorize **Meals On Wheels London** to receive payments debited from your account, complete all sections of this form. Sign the form on the reverse side.

PAYEE : **Meals On Wheels London**
356 Queens Ave London ON N6B 1X6

PAYOR INFORMATION (Please Print)

Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Email: _____

Meals On Wheels London CLIENT NUMBER: _____

PAYOR'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:

Attach a **VOID cheque/banking information form** or have your Financial Institution fill out the section below.

Name of Financial Institution: _____

Branch Address: _____

Telephone: _____

Financial Institution Use Only, Please	
Account Number at F.I.: -----	
Institution # (Route)	Branch # (Transit)
-----	-----

F.I. Branch to Stamp & Sign as Verification	
F.I. Staff Signature	Date

(continued on other side)

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AGREEMENT BETWEEN MEALS ON WHEELS LONDON AND PAYOR(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

I/We acknowledge that this authorization is provided for the benefit of the **Meals On Wheels London** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of Payments Canada.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I/We hereby authorize **Meals On Wheels London** to draw on my/our account, with my financial institution as indicated on the VOID cheque or on the reverse of this authorization for the following purpose:

- (a) Specify the category (choose one only) – ☐ **Personal** or ☐ **Business**
- (b) Specify the purpose – Ex. **mortgage, utility, supplies, lease**
- (c) If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature

Amount of Payment: ☐ Fixed \$ _____ ☒ Variable (maximum amount) \$ 500.00 _____

The authorized frequency of debit transaction is **frequency** on the **10TH** of every month, beginning on _____

Meals On Wheels London will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).

Pre-notification may be given to me/us in writing in the form of a monthly invoice/statement.

or

I/we hereby waive pre-notification. Accepted by: _____ (authorized signature(s))

This agreement may be cancelled at any time by providing **Meals On Wheels London** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Meals On Wheels London**. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca>.

This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Meals On Wheels London**.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Meals On Wheels London**. To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca>.

I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____