



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize Partners in Credit Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments.

This authority is to remain in effect until Partners in Credit Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Partners in Credit Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. **You have waived your right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of the PADs before the debit is processed.** To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_ Partners in Credit Inc. Account Number: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_

I/We authorize Partners in Credit Inc. to process a debit in electronic form in the amount of:

Fixed Amount: \$ \_\_\_\_\_

Payment Frequency (ie. Monthly, Weekly): \_\_\_\_\_

Next Payment Date (MM/DD/YYYY): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

***Mail completed authorization form and void cheque to the address below:***

Partners in Credit Inc.  
Attention: Payment Processing Department  
150 Commerce Valley Drive West  
Suite 601  
Thornhill, Ontario, L3T 7Z3  
Tel: (905) 886-0555  
E-mail: [payment@partnersincredit.com](mailto:payment@partnersincredit.com)