Toronto Sikh Education Center
33 Sagebrook Road, Brampton ON L6P 3T7
416-508-0318 | info@torsec.org | www.torsec.org

Date: _____

[I/We] have accept this PAD Agreement with the Toronto Sikh Education Center. [I/We] authorize Toronto Sikh Education Center to Debit [my/our] Account with the following details:

1. Account Name: _____

2. Financial Institution (Name & Transit #): _____

3. Account Number: _____

4. Amount of Payment: _____

5. Frequency of Payment: _____ (recommended - monthly)

6. Payment Start Date: _____(recommended - 14th of every month)

7. Type of Pre-Authorized Debit: BUSINESS _____ PERSONAL _____

8. **[I/We] have waived [my/our] right to receive pre-notification of the amount of the PAD and agreed that [I/we] do not require advance notice of the amount of PADs before the debit is processed.**

9. **Cancellation Agreement – [I/We] may revoke this Authorization at any time, subject to providing 15 days' notice. [I/We] may use sample cancellation form, or further information on [my/our] right to cancel a PAD Agreement, at [my/our] financial institution or by visiting www.payments.ca.**

10. **Recourse/Reimbursement Statement - [I/we] 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 [my/our] recourse rights, [I/we] may contact [my/our] financial institution or visit www.payments.ca.**

Thank you,

Payee Name & Signature: _____ _____

Payee Contact information: _____