

Birch Accounting & Tax Services Ltd.
Pre-Authorized Debit (PAD) Agreement

Customer Information

Name: _____

Company: _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone Number _____ email _____

Bank Account Information (Or Provide a VOID Cheque)

Deposit Account Number _____

Branch Transit Number _____ Financial Institution Number _____

☐ Chequing Account ☐ Savings Account

Financial Institution _____ Name _____

Address _____

Pre-Authorized Debit (PAD) Details

You the payor, authorize Birch Accounting & Tax Services Ltd. To debit the bank account identified above for \$_____ on the 15th of every month or the next business day. You will be provided with a minimum 15 days written notice if this amount is to change.

These Services are for (check one) ☐ Personal ☐ Business

You the Payor, may revoke your authorization at any time via mail, fax or email, subject to providing 15 days notice. To obtain a sample cancellation form, or for 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 _____

Date _____

Name _____

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

Once Completed Please return to:

Birch Accounting & Tax Services Ltd.
4317 42 St. Leduc AB T9E4T6
Fax: 1-888-410-2829
email: amanda@birchaccounting.ca