

# AFT (Funds Transfer – PAD) Authorization

Vision 2012 Society

enter business/organization name on above line. (the PAYEE)

Date: \_\_\_\_\_ New  Change

## Payee Contact Information (customer must be informed)

Street Address: Suite 428, 300 - 8120 Beddington Blvd., NW  
City: Calgary Province: AB Postal Code: T3K 2A8  
Contact Numbers: Phone: 403-289-6609 Fax: 403-206-7717  
Email Address: treasurer@vision2012alberta.ca

## Customer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Numbers: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Internal Reference/Account # \_\_\_\_\_

## Customer Debit Account Information

### Financial Institution Name

Branch Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Sub No: (if applicable) \_\_\_\_\_  
Route and Transit: \_\_\_\_\_ - \_\_\_\_\_

**\*\*PLEASE ATTACH A VOID CHEQUE (From the Customer's Financial Institution)\*\***

## Payment Details

Personal PAD  Business PAD  Reason for PAD \_\_\_\_\_  
1<sup>st</sup> AFT (PAD) Payment Date: \_\_\_\_\_ Payment Frequency: \_\_\_\_\_  
Payment Amount is Fixed  or Variable  Reason for Variable Payment \_\_\_\_\_  
Payment Amount: \$ \_\_\_\_\_ Previous Amount: (if changing) \$ \_\_\_\_\_

## Waiver of Pre-Notification

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up or adjustment.

## Cancel Payment

(10 DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED, CANNOT EXCEED 30 DAYS)

The Payor hereby cancels this Payor's PAD Agreement effective: \_\_\_\_\_

I/We acknowledge that this Authorization is provided for a regular recurring payment for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this Authorization, I/we acknowledge the preceding Waiver of Pre-Notification and acknowledge having received and having read a copy of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

\_\_\_\_\_  
Customer (Payor) Signature

\_\_\_\_\_  
Customer (Payor) Signature

Prepared by: (print) \_\_\_\_\_

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

## AFT (Funds Transfer – PAD) Authorization

### Terms and Conditions

- |   |  |
|---|--|
| <p>1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated on page 1 of this Agreement.</p> <p>2. Particulars on the Account that Payee is authorized to debit are indicated in the “Debit Account Information” section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked “VOID” and attached to this Authorization.</p> <p>3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.</p> <p>4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days as noted on Page 1, Cancel Payment section. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</p> <p>I/We acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone or address set out in this Agreement.</p> <p>5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.</p> <p>6. I/We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to The Payee constitutes delivery by the Payor.</p> <p>7. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particular of this Authorization, including, but not limited to, the amount.</p> <p>8. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.</p> | <p>9. I/We acknowledge that this Authorization is for a Personal or Business PAD that has recourse through the clearing system, this PAD maybe disputed under the following conditions:</p> <ul style="list-style-type: none"><li>a. the PAD as not drawn in accordance with this Authorization;</li><li>b. this Authorization was revoked; or</li><li>c. pre-notification was required and was not received.</li></ul> <p>I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either a., b., or c. took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90<sup>th</sup> calendar day in the case of a funds transfer PAD that has recourse through the clearing system after the date on which the PAD in dispute was posted to the Account.</p> <p>10. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.</p> <p>11. I/We acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a>.</p> <p>12. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.</p> <p>13. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the Financial Institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association (CPA).</p> |
|---|--|