



**Pre Authorized Debit (PAD) Agreement Form**

**Terms: 15<sup>th</sup> MF**

(Client's Option)

**Client Information** (please print clearly)

Name: \_\_\_\_\_

Renway Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**Bank Account Information**

Financial Institution Name: \_\_\_\_\_

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

Deposit Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_ (check one)  Chequing  Savings

The PAD will be used for a (check one) \_\_\_\_\_ personal \_\_\_\_\_ business account.

You the Customer/Payor authorize Renway Energy Inc. to debit the above listed account on the 15<sup>th</sup> of every month (as per our agreed upon credit terms) for the sum of your Renway account balance due.

Should a debit that does not fall within the parameters of the PAD agreement take place, you, the Customer/Payor, are entitled to reimbursement of that debit. Information regarding recourse rights can be obtained at your financial institution or [www.cdnpay.ca](http://www.cdnpay.ca)

It is your right as the Customer/Payor to revoke/cancel the PAD agreement, subject to providing notice of not less than 10 business days. Sample cancellation forms and cancellation information can be obtained at your financial institution or [www.cdnpay.ca](http://www.cdnpay.ca)

**Note: if using a chequing account, please include a void cheque.**

\_\_\_\_\_  
*Signature of Account Holder*

\_\_\_\_\_  
*Signature of Joint Account Holder (if applicable)*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Once this form is complete, please forward to:

Renway Energy, 56 Henry St., Brantford, ON N3S 7J4

Tel: 519-752-6777 Fax: 519-752-7293 Toll Free: 1-888-553-5550