

Pre-Authorized Debit



Last Updated: September 2023

Select one: Start Stop Change

Effective date (dd/mm/yyyy): _____

Part 1: Payor's account information

Account type: RRSP RRIF TFSA Account number _____

Account holder's name _____ Joint account holder's name _____

Part 2: Payor's information

Address _____

City _____ Province _____ Postal code _____

Email _____ Cell phone _____

Home phone _____ Business phone _____

Part 3: Banking information

Bank _____ Transit number _____ Account number _____

Please attach "VOID" cheque

Part 4: PAD details

Payment type (select one): Fixed Variable

Payment frequency (select one): Weekly Bi-weekly Semi-monthly Monthly One time only

Purpose (select one): Contribution Fees

The Payor authorizes Community Trust to debit the bank account identified the amount of \$ _____

Part 5: Signature

1. I/we hereby authorize Community Trust Company to draw payments due by me/us to Community Trust Company from the account I have provided above in Part 3. I/we understand that if an adjustment is required, the amount of the pre-authorized debit will be changed. I/we acknowledge that this pre-authorized debit is for a Funds Transfer PAD.
2. **Community Trust Company and I/we hereby mutually waive any pre-notification requirements as specified in section 19 of the Payments Canada Rule H1 with regards to pre-authorized debits. I/we have provided my authorization to waive by signing right below this paragraph 2.**

Account holder's signature

Joint account holder's signature
3. I/we hereby authorize the above-noted financial institution to pay Community Trust Company and debit my account and to treat each debit the same as if I/we personally directed payment.
4. I/we understand that Community Trust Company may cease issuing PADs in accordance with Rule H1.
5. This authorization may be cancelled at any time upon written notice.
6. Any delivery of this authorization to Community Trust Company constitutes delivery by me/us.
7. This agreement supports one-time PADs however will no longer be valid once the payment has been fulfilled.
8. This authority is to remain in effect until Community Trust Company has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) 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 payments.ca.
9. I/We understand where a Funds Transfer PAD is coded '650' or '83', I/we will not have recourse within the CPA Rules. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.

I expressly request that this document and any related instruments be drawn up in the English language.
Je demande expressément que la présente formule et tous les documents qui s'y rapportent soient rédigés en anglais.

Account holder's signature

Joint account holder's signature

Date (dd/mm/yyyy)

Part 6: Privacy statement

At Community Trust Company, we are committed to the protection of the personal information entrusted to our care. The personal information provided on this form is only collected, used, disclosed, or retained for the purpose of completing an application with Community Trust Company and in accordance with our Privacy Policy (communitytrust.com/privacy-policy/) and any other consents obtained from you. Your personal information may be collected, used, disclosed, or stored internally or externally (by service providers) in locations outside of your province of residence or Canada. For additional information about our privacy practices or to contact us, please visit us at communitytrust.com/privacy-and-security-centre/.