



Town of Woodstock / AYR Motor Centre

Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone Number: _____

2. Bank Account Information (or attach a void cheque)

Payor Account Number Maximum Debit Amount: \$ _____

Branch Transit Number

Financial Institution Number: Chequing Savings

Financial Institution: Name _____

Branch Address _____

Transaction Date: From: ____/____/____ To: Child's Termination Date OR To: ____/____/____
mm dd yyyy mm dd yyyy

3. Pre-Authorized Debit (PAD) Details

I/We authorize the Town of Woodstock (AYR Motor Centre) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for:

weekly bi-weekly monthly payments

and/or one-time payments from time to time, for payment of all charges arising under my/our AYR Motor Centre account(s). Weekly, bi-weekly or monthly payments for the full amount of services delivered will be debited to my/our specified account beginning _____.

These services are for:

personal or business purposes

Little Skiddle or Afterschool Skiddle Club or Fitness Memberships.

AYR Motor Centre will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice 10 calendar days prior to any debits. This authority is to remain in effect until AYR Motor Centre has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar 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 www.cdnpay.ca.

In the case of variable amount PADs, AYR Motor Centre will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/We agree that should my payment not clear for any reason, the PAD will re-try within 5 days and a \$40 NSF fee will be charged for this service.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, submit to:

AYR Motor Centre 105 Connell Park Road Woodstock NB E7M 1M5 | Tel: (506)325-4671

e-mail: ayrmotorcentre@town.woodstock.nb.ca