

Vickers Recreation Care Inc. Pre-Authorized Debit (PAD) Agreement

1. Customer Information

Name:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

2. Bank Account Information

Deposit Account Number:

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Branch Transit:

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Financial Institution Number:

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Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor, authorize Vickers Recreation Care Inc. to debit the bank account identified above for \$_____ on the 1st of every month or the next business day.

You the Payor, may revoke your authorization at any time in writing, subject to providing notice of no less than 30 Days.

Signature of Account Holder:

Signature of Joint Account Holder:

Name:

Name:

Date:

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.

When the form is complete, e-mail to
VickersRecreationCareBK@gmail.com