Oak Park Neighbourhood Centre (OPNC) Pre-Authorized Debit (PAD)Agreement



Payor Information	
Payor Name:	
Physical Address: Prov:	Postal Code:
Telephone number: Email:	
Bank Account Information (Payor account to be debited)	
Bank Account Number Tr	ansit Number (5 digits) Bank ID (3 digits)
Financial Institution Name:	
Branch Address:	
This payment is for (check one) Personal Business Use	
I/we authorize Oak Park Neighbourhood Centre (OPNC) and their designated service provider (First Ontario Credit Union) to debit my/our bank account as per the following schedule:	
Recurring Payments of \$ on the	day of each month or the next business day,
	ount(s) on the day of each month or the next business day.
I/we have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PADs before the debit is processed.	
I/we may revoke my authorization at any time, subject to providing notice of 30 days in writing to Oak Park Neighbourhood Centre.	
I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.	
To obtain a sample cancellation form or for more information on my recourse rights or my/our rights to cancel a PAD agreement, you may contact your financial institution or visit <u>https://www.payments.ca/sites/default/files/h1eng.updated.pdf</u>	
Authorization - Signature of Payor Bank Account Holder(s) for the bank account provided above.	
To enter into this agreement the required number of signatures to authorize transactions on the above bank account must be provided below:	
(Name – please print)	(Name – please print)
(Name – please print)	(Name – piease print)
Date:	Date:
Oak Park Neighbourhood Centre Contact Information:	
2200 Sawgrass Drive Oakville Ont. L6H 6M8 905-257-6029 x 101, michelle@opnc.ca	