



☐ New Enrolment ☐ Change in Authorization ☐ Cancellation of Authorization as of:
Month / Day / Year

CUSTOMER INFORMATION (please print clearly)

Name (Last Name, First Name):

Mailing Address:

City: Province: Postal Code:

Telephone:

PAYMENT OPTIONS: (Check one)

☐ Minimum Payment ☐ The Selected Amount is:

Please check one of the following: **The payments are for** ☐ Personal / ☐ Business **uses.**

PRE-AUTHORIZED DEBIT (PAD) ACCOUNT INFORMATION

Loan Account Number:

Your Bank Account Information: ☐ Chequing Account ☐ Savings Account

Financial Institution:

Mailing Address:

City: Province: Postal Code:

Transit Number: Institution Number: Account Number: Bank of Canada Number:

>>Please include a sample void cheque<<

In this Pre-Authorization Payment, "you" and "Your" refer to the customer (as indicated above) and the holder of the PAD Account who signs this form. The term "we" and "us" refer to the payee, Newbridge Advantage, to whom you have authorized us to debit your PAD Account from time to time the amount you owe us under your Account with us for: (1) the payment amount indicated under the Payment Options on this Form, and (2) any amount you may request for a PAD payment through the Newbridge Advantage website. You also agree to waive the advance notice period and agree to have your PAD request processed as soon as it is received by us.

You the Payor may revoke your authorization at any time, subject to providing 30 days written notice to us by fax at (416) 410-2177 or by mail to our office at 3000 Steeles Avenue East, Suite 300, Markham, Ontario L3R 4T9. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit: www.cdnpay.ca

X	X
Signature of Account Holder:	Signature of Joint Account Holder (if applicable)
Name: (Please Print)	Name: (Please Print)
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 or visit www.cdnpay.ca. Should you have any questions, please send your mail or fax to: Newbridge Advantage, 300 – 3000 Steeles Avenue East, Markham, Ontario L3R 4T9. Telephone Number: (416) 410-2188. Facsimile Number: (416) 410-2177. Email: Advantage@newbridgecanada.com.