



Attention: Customer Service Billing Department  
 132 Walsh Road, Lindsay, ON K9V 4R3  
 Phone: 888-298-3336 – Fax: 866-577-1224 - Email: [info@carmabillingservices.com](mailto:info@carmabillingservices.com)

### Pre-Authorized Debits – Payor PAD Agreement

I (we) hereby authorize Carma Billing Services Inc., 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my (our) Carma Billing Services Inc. account(s). Regular monthly payments for the full services delivered will be debited to my (our) specified account on the due date, as specified on each monthly billing. Carma Billing Services Inc. will obtain my (our) authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Carma Billing Services Inc. has received written notification from me (us) of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided above. 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](http://www.cdnpay.ca).

Carma Billing Services Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notices to me (us).

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 Reimbursement Claim, or for more information on my (our) recourse rights, I (we) may contact our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Name (s)	Carma Billing Services Inc. Account Number
Service Address	
Contact Information: Phone, Fax or Email	

My Financial Institution Name	Branch Number (five digits)
Financial Institution Account Number	Financial Institution Transit Number (three digits)
Address	
Type of Account	
<input type="checkbox"/> Savings (SAV) <span style="margin-left: 200px;"><input type="checkbox"/> Chequing (PCA)</span>	
Date (yyy/mm/dd)	All Account Holder Signature(s)

**NOTE: To ensure accuracy, please attach a copy of your cheque marked “VOID” to this form and return to Carma Billing Services Inc.**