Canadian Mental Health Association
Windsor-Essex County

PRE-AUTHORIZED DEBITS

1. Customer Information (Please Print Clearly)

Name: _____

Account Number:

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Street Address:

_____

City: _____ **Province:** _____ **Postal Code:** _____

2. Bank Account Information

Deposit Account Number: **Branch Transit Number:**

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Financial Institution Number: ☐☐☐ ☐ **Chequing Account** ☐ **Savings Account**

Financial Institution: **Name:** _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize CMHA-WECB, to debit the bank account identified above for $_____ on the 1st of every month or the next business day.

These services are for (check one): ☐ Personal ☐ Business Use

(Check one): ☐ 480 Donations ☐ 400 Rent ☐ 450 Misc. Pmt (Employee Benefit Expense)

You the Payor may revoke your authorization at any time in writing, subject to providing notice of no less than ten (10) days and not to exceed thirty (30) days. 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***.

Signature of Account Holder: _____

Name: _____
(Please print)

Date: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please print)

Date: _____

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**. **When the form is complete, mail or fax to: Canadian Mental Health Association, Windsor-Essex County Branch, 1400 Windsor Avenue, Windsor ON N8X 3L9 Fax: (519) 255-7817**