

HALIFAX MOOSEHEADS

PAYOR'S PRE-AUTHORIZATION DEBIT (PAD) AGREEMENT Authorization of the Payor to the Payee to Direct Debit an Account

1. Customer Information (Please Print Clearly)

Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel. Number: _____ Email Address: _____

2. Bank Account Information

Attached is a 'VOID' cheque
 -or-

Deposit Account Number:

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Branch Transit Number:

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Financial Institution Number:

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 Chequing Account Savings Account

Financial Institution: Name: _____
 Branch Address: _____

3. Preauthorized Debit (PAD) Details

You, the Payor, authorize The Halifax Mooseheads Hockey Club to debit your bank account identified above for \$ _____ on the _____, or the next business day, from _____ to _____.
PLEASE NOTE: There is a \$48 fee for NSF charges. We require a minimum 3 business days to make changes to your EFT to avoid being charged the NSF fee.

These services are for (check one) Personal Business

You, the Payor, may revoke your authorizations at any time in writing, subject to providing notice of two weeks. 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 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 in your recourse rights, contact your financial institution or visit www.cdnpay.ca

Signing this PAD Agreement serves as pre-notification for automatic debits as outlined above. I agree to waive other pre-notification for above set time interval.

When this form is complete, mail or fax to:
The Halifax Mooseheads Hockey Club
 5284 Duke Street, Halifax, NS B3J 3L2
 Tel: 902 492 2370 Fax: 902 429 0246
 Email: tickets@halifaxmooseheads.ca

OFFICE USE ONLY
 Date Entered: _____