



## Authorization for Personal Pre-Authorized Debit Service (PADS)

### Instructions:

1. Please complete all sections in order to make payments directly from your chequing account.
2. Please read the Authorization terms and sign this form.
3. Please return the completed form with a blank cheque marked "VOID" to our toll free fax or address below:

CUETS Financial  
 Attention: Operations Support  
 PO Box 3030  
 Regina, SK, S4P 3G8

Toll Free Fax: 1-800-427-5999

4. If you have any questions, please call our customer service line at 1-800-561-7849; 24-hours a day, seven days a week.

Please allow a minimum of 10 days for us to complete your request. A statement message will appear on your account statement when enrollment has been completed indicating your first PADS payment date. This service is not available on business account products. If you want to cancel or change the amount of a pending payment, please call our toll free customer service number. To change your account information, you must complete a new Authorization and submit a new "VOID" cheque. You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. You may evoke your Authorization at any time, subject to providing notice of 30 days to CUETS Financial. To obtain a sample cancellation form, or for more information on your right to cancel a PADS Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). If CUETS Financial cancels this Agreement at any time for any reason, we will notify you in writing to the most recent address shown in our records at the time the notice is sent.

### You can select up to 3 CUETS Financial Accounts - Please enter your 16 digit account number (s)

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Payment  
Options

Total Minimum Payment Due\*  
 New Balance Total\*

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Payment  
Options

Total Minimum Payment Due\*  
 New Balance Total\*

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Payment  
Options

Total Minimum Payment Due\*  
 New Balance Total\*

\* As indicated on my monthly statement. Payment option selected will be withdrawn on my due date as indicated on my monthly statement. The payment will be withdrawn regardless of any other payment I make on my CUETS Financial Account. Items in dispute will not be included in the payment amounts.

### Customer Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

### Customer Chequing Account Information (please include a "VOID" cheque)

Account Number: \_\_\_\_\_

Branch Transit Number (5 digits): \_\_\_\_\_

Branch Institution Number (3 digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

**Authorization**

I/We, the chequing account holder(s) signing below, authorize The Toronto-Dominion Bank in regard to my CUETS Financial account to debit my/our chequing account for the purpose of paying the CUETS Financial account(s) defined above. The debits may be processed at such times and in such amounts as I/we may authorize. I/We warrant and guarantee that I/we have provided The Toronto-Dominion Bank in regard to my CUETS Financial account with all relevant information in respect of my/our chequing account and that all persons required to sign on the chequing account have signed this Authorization. I/We agree to waive all pre-notification requirements. I/We agree that if any debit authorized under this Authorization is returned unprocessed or is rejected for any reason, CUETS Financial may re-present the debit for Authorization and may initiate another debit in the amount of its returned payment fee as set out in the account agreement that applies to my/our CUETS Financial account. I/We agree that if CUETS Financial sells, assigns or transfers my CUETS Financial account, this Authorization may be assigned to the person or entity to whom my CUETS Financial account is sold, assigned or transferred.

Signature of Chequing Account Holder: \_\_\_\_\_

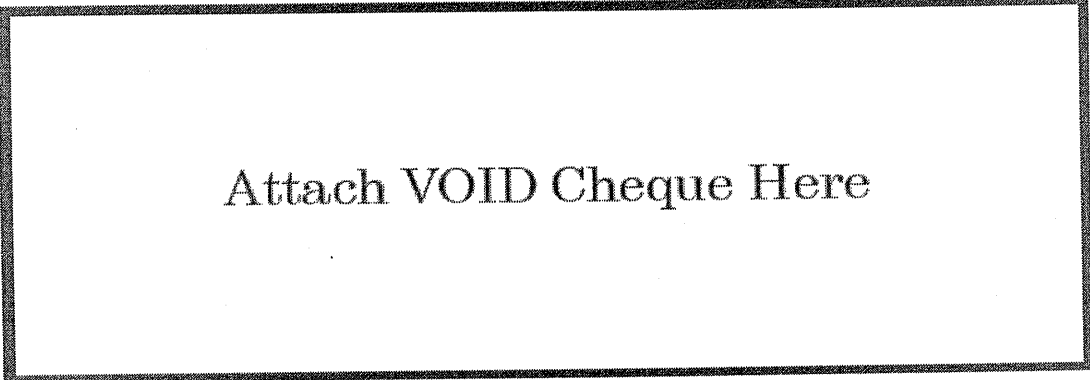
Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Joint Account Holder: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_



For up-to-the minute account information, including other payment options available to you, please enroll your CUETS Financial accounts in our convenient Online Banking. Visit us at: [www.cucardsonline.com](http://www.cucardsonline.com).

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