

**CASE RECEIVABLE MANAGEMENT INC.
Pre-Authorized Debit (PAD) Agreement**

Add a new PAD Cancel an existing PAD Change an existing PAD

Name: _____

Address: _____ City/Town: _____

Prov: _____ Postal Code: _____ Email: _____

Signature: _____ CASE Number: _____

The purpose of this PAD is to make payment on my account owed to: _____

Please debit my bank account for (amount): \$ _____

Select date(s) of debit each month: _____ 1st _____ 15th _____ 20th

Stop PAD once I have paid a maximum to my account of: \$ _____

Please debit the following account:

Financial Institution Name: _____

Transit #: _____ Institution #: _____ Account #: _____

*****Please attach a void cheque or bank information slip*****

Terms & Conditions

I may revoke my authorization at any time, subject to providing notice of seven (7) days to Case Receivable Management Inc. For more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit: www.cdnpay.ca

Case Receivable Management Inc.

Suite 280 – 2181 Premier Way

Sherwood Park, AB. T8H 2V1

Tel: 1-(888)-416-4840 Fax: 1-(866)-717-1902

Email: info@invoice911.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse right, I may contact my financial institution or visit www.cdnpay.ca

NOTE: A \$30.00 service fee is charged for any returned or dishonoured transactions