



The Delta Co-operative Association Limited

Box 745 Unity SK S0K 4L0
Phone:(306)228-2662
Fax:(306)228-3499
delta.coop@sasktel.net

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name: _____

Co-op#

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Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Telephone #: _____

2. Bank Account Information

Please attach one of the following:

_____ VOID CHEQUE

_____ ACCOUNT VERIFICATION LETTER FROM YOUR FINANCIAL INSTUTION

3. Payment Options: _____ every Friday for the previous week's purchases
_____ 16th of every month for the previous month's statement

4. Pre-Authorized Debit (PAD) Business Details

You, the Payor, authorize The Delta Co-operative Association Limited to debit the bank account identified above for payments as chosen above. The payments will relate to purchases made by you at Delta Co-op. There will not be a formal written notice of payment but invoices to support the payments will be provided to you. If this payment rejects in full, charging will be revoked until the account is paid, lesser amounts will be attempted.

You, the Payor, may revoke your authorization at any time by writing subject to providing notice of 30 days.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name: _____

Name: _____

(Please print) Date: _____

(Please print) Date: _____

You have certain 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 the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.