

# Pre-Authorized Debit (PAD) form



Last updated: November 2023

Select one:  Start  Stop  Change

Effective date (dd/mm/yy): \_\_\_\_\_

## Part 1: Payor's account information

Account holder's name \_\_\_\_\_ Account/mortgage number \_\_\_\_\_

Joint account holder's name (if applicable) \_\_\_\_\_

## Part 2: Payor's information

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

## Part 3: Banking information

Financial institution number: \_\_\_\_\_ Branch transit: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Financial institution name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Please attach a specimen cheque marked "VOID"**

## Part 4: PAD and frequency details

You, the Payor, authorize Community Trust Company (CTC) to debit the bank account identified (select accordingly):

Fixed  Variable

Monthly: \_\_\_\_\_  
*day of month starting the month of*

Semi-monthly: Paid twice per month on the 1st and 15th day of the month \_\_\_\_\_

Bi-weekly: On \_\_\_\_\_, with the first payment being taken on the \_\_\_\_\_, in the month of \_\_\_\_\_

Weekly: On \_\_\_\_\_, with the first payment being taken on the \_\_\_\_\_, in the month of \_\_\_\_\_

One time only on (dd/mm/yy) \_\_\_\_\_

On a regular basis pursuant to the terms of my/our mortgage/loan agreement

I/we understand that this change may result in a one-time interest adjustment, and if so I/we understand that this interest adjustment will be debited from my/our bank account on the date that this request is processed, and I/we will receive a confirmation to confirm the changes. I/we acknowledge that all terms and conditions of the mortgage remain unchanged and are valid and effective except as modified above, and that changes will not be in effect until this request has been agreed to by Community Trust.

I/we am/are aware that due to this request, the maturity date will change accordingly to reflect the aforementioned changes.

## Part 5: Signature

1. I/we hereby authorize Community Trust Company to draw payments due by me/us to Community Trust Company from the account I have provided above in Part 3. I/we understand that if an adjustment is required, the amount of the pre-authorized debit will be changed. I/we acknowledge that this pre-authorized debit is for a Personal PAD.
2. Community Trust Company and I/we hereby mutually waive any pre-notification requirements as specified in section 19 of the Payments Canada Rule H1 with regards to pre-authorized debits. I/we have provided my authorization to waive by signing right below this paragraph 2.

\_\_\_\_\_  
Account holder's signature

\_\_\_\_\_  
Joint account holder's signature (if applicable)

Authorized signatories for a corporation/business (if applicable)

I/we have the authority to bind \_\_\_\_\_

\_\_\_\_\_  
Authorized signatory (if applicable)

\_\_\_\_\_  
Authorized signatory (if applicable)

3. I/we hereby authorize the above-noted financial institution to pay Community Trust Company and debit my account and to treat each debit the same as if I/we personally directed payment.
4. I/we understand that Community Trust Company may cease issuing PADs in accordance with Rule H1.
5. This authorization may be cancelled at any time upon written notice.
6. Any delivery of this authorization to Community Trust Company constitutes delivery by me/us.
7. This agreement supports one-time PADs, however will no longer be valid once the payment has been fulfilled.
8. This authority is to remain in effect until Community Trust Company has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [payments.ca](http://payments.ca).
9. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit [payments.ca](http://payments.ca).

I expressly request that this document and any related instruments be drawn up in the English language.  
Je demande expressément que la présente formule et tous les documents qui s’y rapportent soient rédigés en anglais.

\_\_\_\_\_  
Account holder’s signature

\_\_\_\_\_  
Joint account Holder's signature (if applicable)

\_\_\_\_\_  
Authorized signatory (if applicable)

\_\_\_\_\_  
Authorized signatory (if applicable)

\_\_\_\_\_  
Date (dd/mm/yy)

**Part 6: Privacy statement**

At Community Trust Company, we are committed to the protection of the personal information entrusted to our care. The personal information provided on this form is only collected, used, disclosed, or retained for the purpose of completing an application with Community Trust Company and in accordance with our Privacy Policy ([communitytrust.com/privacy-policy/](http://communitytrust.com/privacy-policy/)) and any other consents obtained from you. Your personal information may be collected, used, disclosed, or stored internally or externally (by service providers) in locations outside of your province of residence or Canada. For additional information about our privacy practices or to contact us, please visit us at [communitytrust.com/privacy-and-security-centre/](http://communitytrust.com/privacy-and-security-centre/).