

# Pre-authorized Debit (PAD) / Direct Deposit Authorization

Applicant Name: ACOA Project Number:	
A- Pre-authorized Debits - Please	attach a voided cheque and complete the following:
Name of Account Holder(s) (If different	ent from above)
If you are not providing a voided cheque your financial institution:	e, please have the following information completed and confirmed by
Branch No.:	Institution No.:
Account No.: Name(s) of Account Holder(s): Financial Institution: Address:	
Telephone No.:	
Signature of Financial Institution	Official Date
All information obtained by the Atlantic with the Access to Information Act and the	Canada Opportunities Agency (the Agency) will be treated in accordance e <i>Privacy Act</i> .
B-Direct Deposit Authorization: Progress and final payments of the con account. Do you wish to take advantage	ribution can be deposited directly in the above-mentioned bank
No Yes If yes	,Email Address:

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I/We hereby authorize the Agency to debit the bank account identified above, as per the repayment terms of the contribution agreement(s) and any subsequent amendments. If I/we have checked YES for the Direct Deposit Service, I/we hereby authorize the Agency to credit the bank account identified above.

I/We hereby authorize the Agency to debit the bank account identified above with a service fee of \$15.00 if a PAD is returned due to insufficient funds.

I/We may revoke my/our authorization at any time, subject to providing written notification from me/us of its change or termination. This notification must be received by the 15th day of the month prior to the next scheduled payment. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement I/we may contact my/our financial institution or visit www.cdnpay.ca. I/we acknowledge that this cancellation does not terminate any obligation that I/we may have with the Agency.

I/we acknowledge that I/we must continue to make payments according to the contribution agreement by a method acceptable to the Agency until the contribution is repaid in full. Should I/we stop making payments, I/we will be in default of the contribution agreement(s).

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 www.cdnpay.ca.

Signature of Authorized Signing Officer(s)	Date
Signature of Authorized Signing Officer(s)	Date

# Signature of Authorized Signing Officer(s)

#### **ACOA Head Office**

Blue Cross Centre, 3rd Floor 644 Main Street PO Box 6051 Moncton, New Brunswick, Canada E1C 9J8

(Courier Address: E1C 1E2) General Enquiries: 506-851-2271

Toll Free (In Canada and the United States): 1-800-561-7862

Facsimile: 506-851-7403

### Nova Scotia Regional Office

1801 Hollis Street, Suite 700 PO Box 2284 STNC Halifax, Nova Scotia, Canada B3J 3C8 (Courier Address: B3J 3N4) General Enquiries: 902-426-8361 Facsimile: 902-426-2054

Toll Free: 1-800-565-1228

#### New Brunswick Regional Office

570 Oueen Street, 3rd Floor PO Box 578 Fredericton, New Brunswick, Canada E3B 5A6

(Courier Address: E3B 6Z6) General Enquiries: 506-452-3184 Facsimile: 506-452-3285 Toll Free: 1-800-561-4030

## Newfoundland and Labrador Regional Office

John Cabot Building, 11th Floor 10 Barter's Hill PO Box 1060 STN C St. John's, Newfoundland and Labrador, Canada A1C 5M5 (Courier Address: A1C 6M1) General Enquiries: 709-772-2751

Facsimile: 709-772-2712 Toll Free: 1-800-668-1010

#### Prince Edward Island Regional Office

Royal Bank Building, 3rd floor 100 Sydney Street PO Box 40 Charlottetown, Prince Edward Island, Canada C1A 7K2 (Courier Address: C1A 1G3) General Enquiries: 902-566-7492

Facsimile: 902-566-7098 Toll Free: 1-800-871-2596