



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

### A – Recipient Information

**Recipient Name:** \_\_\_\_\_  
(Must match legal name as it appears on grant/contribution agreement)

☐ Corporation or non-profit organization  
(includes government, association, club)

☐ Individual

### B – Pre-Authorized Debit Information

#### **IMPORTANT: Please select one of the following options**

**Option 1:** Attach a pre-printed voided cheque or confirmation letter from the financial institution (typically available via online banking)

**OR**

**Option 2:** Complete the following fields and ensure to have the original bank stamp on the form

NOTE: The Name(s) of Account Holder(s) below, on the pre-printed void cheque or on the confirmation letter from the financial institution, as applicable, must be the same as the Recipient's legal name on its grant/contribution agreement(s).

**Branch No.** \_\_\_\_\_ **Financial Institution No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Name(s) of Account Holder(s):**

**Financial Institution Stamp**

**Financial Institution:**

**Address:**

(required if no void cheque)

**X**

\_\_\_\_\_  
**Signature of Financial Institution Official**

\_\_\_\_\_  
**Date**

All information obtained by the Atlantic Canada Opportunities Agency (the Agency) in this form will be treated in accordance with the [Access to Information Act](#) and [Privacy Act](#).



## C – Direct Deposit Service

Progress and final payment(s) of grant(s) or contribution(s) can be deposited directly in the above-mentioned bank account. Do you wish to take advantage of this service?

☐ No ☐ Yes

If yes, provide email address for payment notification: \_\_\_\_\_

## D – Consents and Authorizations

I/We, the undersigned, are authorized representatives of the Recipient. I/We are authorized to make these consents and authorizations on behalf of and as binding on the Recipient(s).

I/We hereby authorize the Agency to debit from this bank account all sums due to the Agency in accordance with the Recipient's current and future contribution agreement(s), as amended. I/We will provide such further authorization(s) deemed appropriate by the Agency for debits relating to specific project(s) or payment(s), as the case may be.

I/We acknowledge that the pre-authorized debit authorization applies to all amounts due under any of the Recipient's contribution agreement(s) with the Agency, including, without limitation, repayment of a contribution, interest charges and overpayments. For one-time and/or sporadic payments not specified in the contribution agreement(s), I/we acknowledge that the Agency will require further authorization from me/us to debit my/our account and that the Agency will provide notice of the payment and requisite authorization thirty (30) days prior to the payment being due.

I/We hereby authorize the Agency to debit this bank account with a service fee of \$15.00 if a pre-authorized debit is returned due to insufficient funds.

I/We authorize the financial institution to process the debits on this bank account for all amounts due to the Agency in accordance with my/our contribution agreement(s).

If I/we have selected YES for the Direct Deposit Service, I/we hereby authorize the Agency to deposit into this bank account all payments and advances, as applicable, made under all current and future contribution agreement(s), as may be amended.

I/We may revoke my/our authorization at any time, subject to providing written notification of its termination. Such notification must be received by the Agency by the 15<sup>th</sup> day of the month prior to the next scheduled payment. To obtain a sample cancellation form, or for more information on the right to cancel a PAD agreement, I/we can contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca). I/we acknowledge that the cancellation of a PAD agreement does not terminate any obligation the Recipient may have with the Agency.

I/we acknowledge that I/we must continue to pay all sums due in accordance with the contribution agreement(s), by a method acceptable to the Agency, until the contribution(s) is/are repaid in full. Should the Recipient stop making payments, the Recipient will be in default of its contribution agreement(s).

I/We understand that the bank account information must be kept up to date, and in the event of a change in the account information provided, I/we must notify the Agency in writing at least 30 days prior to the



next payment date and provide the new banking information for pre-authorized debits and direct deposits, where selected.

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.payments.ca](http://www.payments.ca).

X \_\_\_\_\_  
Signature of Authorized Signing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Signing Official

X \_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Signing Official

#### ATLANTIC CANADA OPPORTUNITIES AGENCY (ACOA) REGIONAL OFFICES

Contact [ACOA's Regional Offices:](#)

##### ACOA – NEW BRUNSWICK OFFICE

81 Regent Street, Suite 500, P.O. Box 578, Fredericton, New Brunswick E3B 5A6

Toll Free: 1-800-561-4030 ▪ Telephone: 506-452-3184 ▪ Fax: 506-452-3285

##### ACOA – NEWFOUNDLAND AND LABRADOR OFFICE

The John Cabot Building, 10 Barter's Hill, 11<sup>th</sup> Floor, P.O. Box 1060, Station "C", St. John's, Newfoundland and Labrador A1C 5M5

Toll Free: 1-800-668-1010 ▪ Telephone: 709-772-2751 ▪ Fax: 709-772-2712

##### ACOA – NOVA SCOTIA OFFICE

1801 Hollis Street, Suite 700, Halifax, Nova Scotia B3J 3C8

Toll Free: 1-800-565-1228 ▪ Telephone: 902-426-8361 ▪ Fax: 902-426-2054

##### ACOA – PRINCE EDWARD ISLAND OFFICE

Royal Bank Building, 3<sup>rd</sup> Floor, 100 Sydney Street, Charlottetown, Prince Edward Island C1A 1G3

Toll Free: 1-800-871-2596 ▪ Telephone: 902-566-7492 ▪ Fax: 902-566-7098

##### ACOA – CAPE BRETON OFFICE

70 Crescent Street, Sydney, Nova Scotia B1S 2Z7

Toll Free: 1-800-705-3926 ▪ Telephone: 902-564-3600 ▪ Fax: 902-564-3825