Atlantic Canada Opportunities Agency | Agence de promotion économique du Canada atlantique

Protected "B" when completed

PRE-AUTHORIZED DEBIT (PAD) / DIRECT DEPOSIT (DD) AUTHORIZATION

Part A – Recipient Information

Recipient Name _____

ACOA Project No. _____

Part B – Pre-authorized Debit

IMPORTANT: Attach a pre-printed void cheque or confirmation letter from the financial institution or complete Part B and ensure to have the original bank stamp on the form.
NOTE: Name of Account Holder(s) on pre-printed void cheque or confirmation letter from the financial institution must be the same as the Legal Name on the Contribution Agreement.

Branch No. _____ **Financial Institution No.** _____ **Account No.** _____

Name(s) of Account Holder(s)

_____

_____

Financial Institution _____

Address _____

_____

Financial Institution Stamp
(required if no void cheque attached)

_____ _____

Signature of Financial Institution Official **Date**

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

Part C – Direct Deposit Authorization

Progress and final payments of the contribution 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 _____

Canada

Part D - Consent

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 amendment. 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(s) 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 **Date**

Title of Authorized Signing Officer

Signature of Authorized Signing Officer **Date**

Title of Authorized Signing Officer

Please submit the completed form and void cheque via ACOA Direct or by mail to an ACOA office.