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

Attach a pre-printed voided cheque or confirmation letter from the financial institution (typically available via online banking or in-person banking)

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

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 15th 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. 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.

Signature of Authorized Signing Official

Date

Name and Title of Authorized Signing Official

Signature of Authorized Signing Officer

Date

Name and Title of Authorized Signing Official

To contact an Atlantic Canada Opportunities Agency (ACOA) regional office visit our website.