



Ottawa Valley Wild Bird Care Centre

P.O. Box 11159 Stn H
Ottawa, ON K2H 7T9
6138542849

finance@wildbirdcarecentre.org



CUSTOMER INFORMATION

Name

Email

Address

City

Province

Postal code

Business Personal

PAYMENT INFORMATION

Amount

Frequency

MONTHLY

Process date

No. of instalments

PRE AUTHORIZED DEBIT TERMS

Authorization

I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

Notification

I agree to waive any legislative or regulatory requirement for pre-notification.

Recourse

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information about your recourse rights, you can visit www.payments.ca.

Cancellation

This authority is to remain in effect until the above business has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at www.payments.ca.

AUTHORIZATION

Please attach a void cheque or fill out account details

Branch Transit no.

Account no.

Institution ID no.

Max Auth Amount

Signature(s)
