



## Pre-Authorized Debit (PAD) Form

Please debit my bank account \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month, starting \_\_\_\_\_, 202\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAD Category:**

Personal     Business     Cash Management

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

*Affix VOID cheque here*

**OR, complete the following information:**

\_\_\_\_\_  
Transit # (5 digits)

\_\_\_\_\_  
Bank # (3 digits)

\_\_\_\_\_  
Account # (7 or more digits)

**Questions or concerns?**

**Contact us at:**

[info@genesismanagement.ca](mailto:info@genesismanagement.ca) | 204-619-2295 | [www.genesismanagement.ca](http://www.genesismanagement.ca)

P.O. Box 155 RPO Corydon | Winnipeg, MB R3M 3S7