



Pre-Authorized Debit (PAD) Authorization
Newfoundland and Labrador Support Enforcement Program

I/We hereby authorize **The Director of Support Enforcement** and the financial institution designated to release funds for payment under the terms and conditions indicated below.

| | |
|--|--|
| Amount : | \$ |
| Frequency: (check appropriate box) | Weekly Bi-weekly Semi-monthly Monthly |
| Start Date:* | (MM/DD/YYYY) |

The start date must be equal to the date your payment is due in accordance with your order. For example if your payment is due on the 1st of every month, the PAD must also be dated for the 1st of every month. If not, the payment will be considered late and subject to a late fee.

Please provide the following information for this **personal** pre-authorized payment:

| | |
|--|--|
| Name: | |
| Address: | |
| City/Prov/State: | |
| Postal/ZIP Code | |
| Support Enforcement Case # 7 digits | |

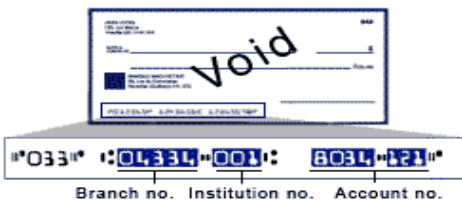
Please Provide the Following Banking Information:

Name and Address of Financial Institution:

| | |
|-------------------------|--|
| Name: | |
| Address: | |
| City/Prov/State: | |
| Postal/ZIP Code | |

Bank Account Country: Canada USA Currency: CAD USD
 Bank Account Type: Canadian USD Demand USD Savings

Please enter the financial institution's information as it appears on your CDN cheques :



| | |
|--|--|
| CDN branch no. (5 digits) or USD Routing no.(9 digits): | |
| Institution no. (3 digits): | |
| Account no.: | |

Authorized Signature(s): _____ ; _____

Date: _____

I may revoke my authorization at any time, subject to providing notice to the Director of Support Enforcement at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdn.ca.

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 a form for a reimbursement claim or for more information on my recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.