

**RENFREW COUNTY DISTRICT SCHOOL BOARD (R.C.D.S.B.)
Pre-Authorized Debit (PAD) Agreement**

1. Customer (Employee) Information (Please Print Clearly)															
Name: _____	Employee #: _____														
Street Address: _____															
City: _____	Province: _____ Postal Code _____														
Telephone Number: _____															
2. Bank Account Information															
Please complete this section & ATTACH A VOID CHEQUE or a completed form from your bank (Please note this cannot be a line of credit account)															
Account Number	Branch Transit #:														
Institution #															
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Financial Institution: Name : _____															
Branch Address: _____															
3: Pre-Authorized Debit (PAD) Details															
I authorize R.C.D.S.B., and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions for monthly regular recurring payments for my benefits. Regular monthly payments will be debited to my specified account on the 15th day of each month. R.C.D.S.B. will provide 10 days written notice, or 5 days verbal notice of any change (i.e. rate change) of amount of each regular debit. If the change is initiated by me, R.C.D.S.B. will confirm new amount (if an increase) within 5 days.															
These services are for (check one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business Use															
This authority is to remain in effect until R.C.D.S.B. has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD agreement at my financial institution or by visiting 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															
Signature of Account Holder _____	Signature of Joint Account Holder (if applicable): _____														
Name: (Please Print) _____	Name: (Please Print) _____														
Date: _____	Date: _____														
Mail completed form to: Renfrew County District School Board Attention : Payroll Department 1270 Pembroke Street West Pembroke, Ontario, K8A 4G4															