Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name/Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Customer ID #: _____

2. Bank Account Information: ☐ Please see attached VOID cheque

(If you would prefer to attach a VOID cheque, you do NOT have to fill this section out)

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

I/we hereby authorize Nucleus Information Service Inc. (Nucleus/Fibernetics) to process a debit, in paper, electronic or other form for the balance due on my customer account at the time of withdrawl (as per the above information or my attached void cheque) on the fourth day of each month beginning _____, 20_____.

These services are for (*check one*): ☐ Personal Use ☐ Business Use

- The authority is to remain in effect until Nucleus/Fibernetics has received written notification from me/us of its change or termination. This notification must be received 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 http://www.cdnpay.ca
- I/we acknowledge that delivery of my/our authorization to Nucleus/Fibernetics constitutes delivery by me/us to the branch of the financial institution at which I/we maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.
- I/we will notify Nucleus/Fibernetics in writing of any changes in the account information or termination of this authorization in writing a minimum prior to the next due date of the pre-authorized debit.
- I/we will honor all NSF charges ($25.00) on payments that are returned to Nucleus/Fibernetics due to insufficient funds in the account at the time the debit is taken. I/we authorize Nucleus/Fibernetics to take all NSF charges and outstanding amounts out of the account as indicated above or on the attached “void” cheque.
- 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/our recourse rights, I/we may contact my/our financial institution or visit http://www.cdnpay.ca
- Nucleus/Fibernetics may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.
- I/we warrant that all persons whose signature(s) are required to sign on this account have signed this agreement.

I/we acknowledge that I/we have read and understood all the provisions contained in the terms and conditions of this PAD Agreement. I/we understand that we are responsible for all charges until we give sufficient written notification of cancellation and agree to honor all NSF charges incurred.

_____ _____

Signature of Account Holder | Signature of Joint Account Holder (if appropriate)

_____ _____

Name (Please Print) | Name (Please Print)

_____ _____

Date | Date

When this form is complete, please mail or fax to: Nucleus Information Service Inc.
220 - 1210 8th Street SW Calgary, AB T2R 1L3
Phone: 403-209-0000 Fax: 403-541-9474
Toll Free Phone: 1-888-682-5387 Toll Free Fax: 1-866-541-9474
Email: billing@nucleus.com