



Pre-Authorized Debit (PAD) Authorization

Newfoundland and Labrador Support Enforcement Program
P.O. Box 2006, Corner Brook, NL
A2H 6J8

This form is to be used for the initial authorization to establish the PAD Option, or to make any changes to your authorization. If you have any questions about the PAD Option, please contact the Support Enforcement Program at 709-637-2608.

I/We hereby authorize **The Director of Support Enforcement** and the financial institution indicated 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:

Name:	
Address:	
City:	
Province/State:	
Postal/ZIP Code	
Support Enforcement Case # 7 digits	

Please Provide the Following Banking Information:

Name and Address of Financial Institution:

Name:	
Address:	
City:	
Province/State:	
Postal/ZIP Code	

Bank Account Country: Canada USA Currency: CAD USD

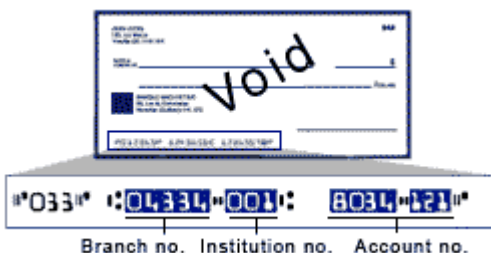
Bank Account Type: Canadian USD Demand USD Savings

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

CDN Branch no. (5 digits) or USDRouting no.(9 digits):

Institution no. (3 digits):

Account no.:



Branch no. Institution no. Account no.

Terms and Conditions

1. This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/We must provide written notice of revocation to **The Director of Support Enforcement**
2. "I/We acknowledge that provision and delivery of this authorization to **The Director of Support Enforcement** constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us."
3. "I/We acknowledge that this Authorization is provided for the benefit of **The Director of Support Enforcement** and any such financial institution is provided in consideration of financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".
4. "I/We undertake to inform **The Director of Support Enforcement**, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD".
5. "I/We acknowledge that my financial institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.
6. "I/We acknowledge that my financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by **The Director of Support Enforcement** as a condition to honouring a PAD issued or caused to be issued by **The Director of Support Enforcement** on my/our account".
7. "A PAD may be disputed by me/us under the following conditions:
i) the PAD was not drawn in accordance with my/our Authorization; or
ii) the authorization was revoked.

I/We, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAD after the date on which the PAD in dispute was posted to my/our account.

I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between **The Director of Support Enforcement** and me/us when disputing any PAD after 90 calendar days in the case of a personal/household PAD.

Be sure to include a VOIDED personal cheque.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

DATE

DATE
