

Direct Debit Pre Authorization Form

File # _____
please fill in your file #

Department Debt Owed To: _____

**TO: The Minister of Finance
Province of Nova Scotia**

**Mail to: Collection Services
PO Box 755 Halifax NS B3J 2V4
Fax to: # (902) 424-0602**

Account Holder Information (herein called the Client)

Client Full Legal Name (s)

Address

Exact Name in which Account is Held

Bank/Financial Institution funds coming from

Bank Address

Type of Account: Chequing Savings Other _____

Financial Information found on your cheque:

Branch

Institution

Account

In this example Numbers from the bottom of client cheque:- for example 12345 678 9101 112 would be:

Branch Number
12345

Institution(Bank)Number
678

Account Number
9101 112

Please note all banks do not have the numbers in the same order, if you need clarification, please contact your bank to verify the numbers you should enter.

1. Purpose of Debits: Debt owed to the Province of Nova Scotia

2. Pre-Notification of Amounts: *Fixed Amounts:* The Province of Nova Scotia will provide written notice of the amount to be debited and the date of the debit at least ten (10) days before the date of the first debit and every time there is a change in the amount or payment date.

3. Rights of Dispute: The Client may dispute a debit under the following conditions: (i) the debit was not drawn in accordance with this Authorization; (ii) this Authorization was revoked or cancelled; or (iii) pre-notification (as set out in section 2) was not received.

In order to be reimbursed, the Client must complete a Declaration Form at the above indicated branch of the Bank/Financial Institution up to and including ninety (90) calendar days after the date on which the debit in dispute was posted to the Client's account.

The Client acknowledges that disputes after the above-noted time limitations are matters to be resolved solely between the Province of Nova Scotia and the Client.

4. Terms of Authorization to Debit the Above Account

The Client authorizes the Province of Nova Scotia to debit the above account payable to the Minister of Finance, Province of Nova Scotia, in respect to a debt owed to the Province of Nova Scotia in the amount of \$ _____, commencing _____ and continuing:

Weekly Every Two Weeks Monthly

The Bank is not required to verify that any debits drawn by the Province of Nova Scotia are in accordance with this Authorization or the agreement between the Client and the Province of Nova Scotia.

It is acknowledged that in order to revoke or cancel this Authorization, the Client must provide written notice to the Province of Nova Scotia. This Authorization applies only to a method of payment and cancellation of this Authorization does not vacate the Client's debt to the Province of Nova Scotia.

The Client will notify the Province of Nova Scotia promptly in writing if there is any change to the Client Account Number provided.

Any delivery of the Authorization Form to the Province of Nova Scotia constitutes delivery by the Client to the Bank/Financial Institution. It is warranted by the Client that all persons whose signatures are required to sign on the Client Account have signed the Authorization.

Signature of Authorized Client Account Holder

Date Signed

Signature of Authorized Client Account Holder

Date Signed

Please attach a blank cheque marked "VOID" to complete the Authorization Process.

N.E. Customer	100
11234 East Main St.	
Anytown, NS B3J 2M2	Date _____
	\$ _____
Pay to the Order of _____	
	_____ 00 Dollars
The Bank of Nova Scotia	
789 West Main St.	
Anytown, Nova Scotia	
1 2 3 4 5 6 7 8 9 1 0 1 1 1 2	