

APPLICATION FOR OR CHANGE TO
PAD (PRE-AUTHORIZED DEBIT)

I/we authorize Meals on Wheels of Winnipeg Inc. to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Meals on Wheels account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 7th day of each month. Meals on Wheels of Winnipeg Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Meals on Wheels of Winnipeg Inc. has received written notification from me/us 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/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.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For more information on how to dispute a PAD that does not comply with this 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 www.cdnpay.ca

WAIVER OF PRE-NOTIFICATION

I hereby waive my right to pre-notification of upcoming Pre-Authorized Debits authorized by this form. I understand that Meals on Wheels releases client statement of accounts by the third business day in a month, and the total amount of any upcoming PAD can be obtained, by phone, during Meals on Wheels' regular business hours after the third business day of the month.

ADDITIONAL SERVICE CHARGES

Additional charges will be incurred for the following and will appear on the following month's invoice:

Returned payment transaction - \$1.50

Recalled payment by payee per payment - \$11.50

Representment fee - this fee is incurred if there are "Non-sufficient Funds" or "Funds Not Cleared" on the 7th of the month, the debit will automatically recur after 5 business days - \$1.50

I/we authorize Meals on Wheels of Winnipeg Inc. to charge additional service charges for the above noted transactions. These deductions are per my/our instructions for one-time payments from time to time, for payment of all charges arising under my/our Meals on Wheels account(s).

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PLEASE PRINT

DATE: Month _____ Day _____ Year _____

Payor Name(s):	
MOW Client Name(s)	
Meals on Wheels Client Number	
Payor Address:	
City/Town:	Province/State:
Postal/Zip Code:	Country:
Phone Number: (Bus.)	(Res.)
Name of Financial Institution (FI):	
FI Account Number:	
FI Branch Number:	FI Transit Number:
Branch Address:	
City/Town:	Province/State:
Postal/Zip Code:	Country:

Authorized Signature(s):

ATTACH A VOID CHEQUE TO THIS FORM WHEN COMPLETED AND MAIL TO:
 MEALS ON WHEELS OF WINNIPEG, 174 HARGRAVE STREET, WINNIPEG MANITOBA R3C 3N2.