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frontierauto.ca



## PRE-AUTHORIZED DEBIT (PAD) PLAN

Date: \_\_\_\_\_ Type of account: Personal \_\_\_\_\_ Business \_\_\_\_\_

Frontier Auto & Industrial Supply account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Financial Institution Information

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Branch #: \_\_\_\_\_ Institution #: \_\_\_\_\_

Account #: \_\_\_\_\_

### (Attach VOID cheque)

I/We hereby authorize Frontier Auto & Industrial Supply (hereinafter Frontier Auto) to debit the bank account identified above on the 5<sup>th</sup> day of each month or the next business day for the balance owing on my/our Frontier Auto account as determined by my/our monthly statement.

I/We certify that all information provided with respect to the Account is accurate and I/We agree to inform Frontier Auto of any change in the Account information provided in this Authorization at least 10 business days prior to the next due date of the pre-authorized debit. In the event of any such change, this Authorization shall continue in respect of any new account to be used for pre-authorized debit.

I/We acknowledge that this authorization may be cancelled at any time upon 10 days written notice by me/us to Frontier Auto. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). Cancellation of this authorization does not terminate any contract for goods or services that exists between me/us and Frontier Auto. The payer's authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

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 debit 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 [www.cdnpay.ca](http://www.cdnpay.ca)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)