



# PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Authorization of the Payor to Links2Care to Direct Debit an Account

## INSTRUCTIONS:

1. Complete all sections to instruct Links2Care and your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions at the end of this document.
3. Return the completed form with a blank cheque marked "VOID" to Links2Care via mail, fax or email (contact details below).
4. If you have questions, please contact Links2Care – Lori Bowskill at 905-844-0252 or 1-866-844-0252, Extension 135, or lbowskill@links2care.ca

Please Note: the payment is retrieved the following month after the billing.

## PAYOR INFORMATION (Please type or print clearly)

Payor Name(s)			
Address			
Telephone			
Signature of Payor(s)		Date	

## PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly)

Branch Number	Institution #	Account Number																
Name of Financial Institution																		
Branch																		
Branch Address																		
City/Province														Postal Code				

## PAYEE INFORMATION

Payee Name(s)	Links2Care
Address	2030 Bristol Circle, Unit 202, Oakville, Ontario L6H 0H2
Telephone	905-844-0252 or 1-866-844-0252
Fax	905-844-5656
Email	lbowskill@Links2Care.ca

## PAYMENT INFORMATION

- The payment will be variable and will not exceed \$2000.00.
- Payment will occur once a month when there is a balance outstanding from the prior month on the account.
- Top ups or adjustments are not permissible.



# PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan  
Terms and Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
  - a. I authorize Links2Care and any successor or assign of Links2Care to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated in this agreement (the "Account") at the financial institution indicated (the "Financial Institution").
  - b. I authorize the Financial Institution to honour and pay such debits.
  - c. This Agreement and my authorization are provided for the benefit of Links2Care and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
  - d. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to Links2Care.
  - a. This Agreement applies only to the method of payment, and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and Links2Care.
  - b. Links2Care shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.
  - c. I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfilment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to Links2Care constitutes delivery by me to my Financial Institution. I agree that Links2Care may deliver this Agreement to Links2Care's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I understand that with respect to:
  - a. fixed amount Personal PADs occurring at set intervals, I shall receive written notice from Links2Care of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) for Electronic

Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s).

- b. variable amount Personal PADs occurring at set intervals, I shall receive written notice from Links2Care of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements, fifteen (15) for Electronic PADs before the due date of the first Personal PAD; and
  - c. fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.
7. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
8. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visiting the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H 1.
10. I agree that Links2Care will administer the PAD.
11. I understand and agree to the foregoing terms and conditions.
12. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
13. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

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ACCOUNT HOLDER NAME

SIGNATURE

DATE