Recoveries Department
300 Revillon Bldg., 10320 – 102 Avenue, Edmonton Alberta T5J 4A1
Telephone: (780) 644-3011(local) or (780) 1-866-644-3011 (toll-free)
Fax: (780) 427-5909

PRE-AUTHORIZED DEBIT AGREEMENT

Legal Aid Account #_____

Legal Aid Client Name: _____

BANK ACCOUNT INFORMATION

Name(s) on Bank Account: _____

_____ _____
Name of Bank Branch Address

PLEASE ATTACH A VOID CHEQUE OR PROVIDE THE INFORMATION BELOW.

FINANCIAL INSTITUTION NO. _____ TRANSIT NO. _____
3 digits 5 digits

DEPOSIT ACCOUNT NUMBER: _____

PRE-AUTHORIZED DEBIT AGREEMENT

I hereby authorize Legal Aid Alberta to debit my account in the amount of $_____ on the _____ day of each month, starting the month of _____, 20_____,
(Choose 1st, 5th, 15th, 20th, 25th, or 30th)
which is payable to The Legal Aid Society of Alberta for legal fees. These services are for personal use.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

_____ _____ _____
Date **Signature** **Signature (if joint account)**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

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THIS PORTION IS FOR LEGAL AID ALBERTA USE ONLY

Received by:_____ Date: _____