

**Client Payment Dept.**

600 Revillon Bldg., 10320 – 102 Ave

Edmonton, Alberta T5J 4A1

**Phone:** 1.866.845.3425 **Fax:** 1.866.382.7253**E-mail:** [CASTIntake@legalaid.ab.ca](mailto:CASTIntake@legalaid.ab.ca) **Web:** [www.legalaid.ab.ca](http://www.legalaid.ab.ca)

**YOU MUST SUBMIT EITHER A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION WITH THIS AGREEMENT.**

**Personal Information:**\_\_\_\_\_  
Legal Aid Account Number\_\_\_\_\_  
Full Name**Payment Details:**

_____	Monthly	_____	_____
Payment Amount	Frequency	Start Month	Start Date: Select the 1st, 5th, 15th, 20th, 25th, or 30th day of the month

I authorize Legal Aid Alberta to debit my account as outlined in the payment details of this agreement.

I am aware that I may revoke my authorization at any time, subject to providing notice of 30 days.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
2nd 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](http://www.cdnpay.ca)

Please note that this banking information may be used to administer any refunds, or other payments, due to you from The Legal Aid Society of Alberta. If you are providing banking information for payments to be made to you from The Legal Aid Society of Alberta, do not complete the payment details section.

**Please return the completed form and either a void cheque/direct deposit form from your financial institution by mail, fax, or email.**