

## PRE-AUTHORIZED DEBIT/CREDIT EXPLANATION

- Legal Aid Account Number the account number provided on your statement.
- Your full name
- Payment Amount This outlines the monthly payment amount you can afford.
- Frequency This outlines how often the payment will be withdrawn.
- Start Month the first month you would like your payments to start.
- Start Date the date of the payment withdrawal each month.
- 7 Date of Agreement & Signature
- Recourse Statement & Cancelation Details So the payor knows how to cancel the agreement and their rights to stop the agreement.



Legal Aid Account Number	Full Name

## Payment Details:

3		4 Monthly	6	6
	Payment Amount	Frequency	Start Month	Start Date: Select the 1st, 5th, 15th, 20th, 25th, or 30th day of the month
	PAD Category: Busin	ness – to pay client account	(	

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.

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	Date	Signature	2 <sup>nd</sup> 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

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 Aliberta. If you are providing banking information for payments to be made to you from The Legal Aid Society of Aliberta, 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.