

**Payor's (Client) Pre-Authorized Debit Agreement  
 Business Pre-Authorized Debit Plan**

**Authorization of the Payor to the Payee to Direct Debit an Account**

**Instructions:**

1. Please complete all sections, including signature and bank information on this first page.
2. Review the Terms and Conditions on the second page and sign.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call PayTrak Payroll Services Ltd.

**PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name:	
Address:	
Telephone:	
Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(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:
<b>PayTrak Payroll Services Ltd</b>
Address:
775 Pacific Rd, Suite 38, Oakville, Ontario L6L 6M4
Telephone:
1-877-316-2999

**PAYOR'S PAD AGREEMENT**

## Business Pre-Authorized Debit Plan

### Terms & Conditions

1. In this Agreement, "Employer" and "Payor" refers to the company that is using the services of the Service Bureau. "Service Bureau" and "Payee" refers to PayTrak Payroll Services Ltd., Outsourcing Canadian Payroll and/or their affiliates and authorized agents.
2. The Employer agrees to provide the funds required for the Service Bureau to process the Employers payrolls, including government and other remittances, and agrees to pay the Service Bureau for its services provided, by means of pre-authorized debits against the business account(s). The Employer will notify the Service Bureau, in a timely manner, of any change(s) required to be made in the account information.
3. The Employer acknowledges that the previous paragraph is provided for the benefit of the Service Bureau and for the financial institution which processes its pre-authorized debits, that it constitutes delivery of the Employers authorization to the financial institution, and is provided in consideration of the financial institution agreeing to process pre-authorized debits in accordance with the Rules of the Canadian Payments Association.
4. The Employer acknowledges that the financial institution is not required to verify that a pre-authorized debit against the Employer is issued in accordance with the terms of this agreement or that the funds received by the Service Bureau from such a pre-authorized debit are used for the purposes intended by this agreement. At the financial institution's request, the Service Bureau may provide a copy of this agreement to the financial institution.
5. The Employer and Service Bureau agree to waive the 10-calendar day pre-notification otherwise required for business pre-authorized debits.
6. In this Agreement "we", "us" and "our" refers to the Payor indicated on the reverse hereof.

By signing below, we agree to the terms and conditions as set above:

Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(s):	Date:

**ATTACH "VOID" CHEQUE HERE:**