



Pre-Authorized Debit Form

Customer Information

Name: _____ Phone: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

☐ I have enclosed a void cheque

☐ my financial details are below

Bank Account Information

Financial Institution: _____

Branch Address: _____

Financial Institution # _____ ☐ chequing account ☐ savings account

Deposit Account # _____ Branch Transit # _____

(Authorized signature(s))

(date)

Pre-Authorized Debit (PAD) Details

I / we authorize FEED NOVA SCOTIA, and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments on the 15th of each month in the amount of _____.

These services are for (check one) ☐ Personal Donation ☐ Business Donation

This authorization is to remain in effect until FEED NOVA SCOTIA receives written notification from me / us of its change or termination. This notification must be received within thirty (30) days before the next debit is scheduled and can be forwarded to the address below. Sample cancellation forms or more information on my/our right to cancel a Pre-authorized debit (PAD) agreement can be obtained at my/our financial institution or by visiting www.cdnpay.ca.

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 the PAD agreement. To obtain more information on your resource rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to:

FEED NOVA SCOTIA
213 Bedford Highway, Halifax NS B3M 2J9
Tel: (902) 457-1900 Fax: (902) 457-4500
www.feednovascotia.ca