



1. Customer Information (Please Print Clearly)

Name: _____ Client Acct #:

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Tel: _____

2. Bank Account Information (Please attach a VOID Cheque)

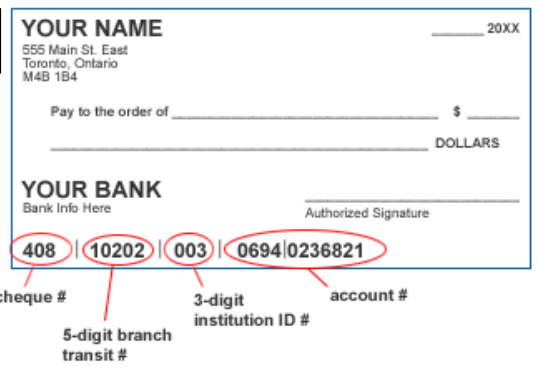
Account Number:

Financial Institution I.D.:

Branch Transit Number :

Chequing Account Savings Account

Financial Institution: Name: _____
Branch Address: _____



3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize OAHS to debit the account identified above for \$ on the 1st of every month or the next business day.

You, the Payor, may revoke your authorization at any time by writing or phone, subject to providing notice of 5 days before the end of the month. 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

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable) _____
Print Name: _____ Print Name: _____
Date: _____ Date: _____

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 PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

When form is completed, mail or fax to : **Collections**
500 Bay Street, Sault Ste. Marie, ON P6A 1X5
Ph: 800-492-1605 ext. 301/304 Fax: 705-256-1664