



MISSISSAUGAS OF THE CREDIT FIRST NATION
2789 MISSISSAUGA ROAD,
HAGERSVILLE, ONTARIO N0A 1H0
Phone: 905-768-1133 Fax: 905-768-1225
www.mncfn.ca

Pre-Authorized Debit (PAD) Agreement

Automatic monthly withdrawals from your bank account

To: Mississaugas of the Credit First Nation

Customer Information:

Customer Full Name: _____
Please include a middle name if applicable

Customer Number: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Tel. No: _____

e-mail address: _____

Bank Account Information:

Attach a Cheque marked "VOID" or PAD (Preauthorized Debit) form from your bank

Bank Name: _____

Branch Address: _____

Bank Number: (3 digits) _____

Transit Number: (5 digits) _____

Account Number: _____

Declaration:

I/We authorize the Mississaugas of the Credit First Nation to debit my bank account for payment for monthly:

Child care fees	<input type="checkbox"/>
Water and sewer	<input type="checkbox"/>
Mortgage	<input type="checkbox"/>
Rent	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify anything other than these

Please select under the box with an X

I authorize the withdrawal from my bank account on the _____ day of each month or the next business day. I will notify the Mississaugas of the Credit First Nation promptly in writing if I close or make any other changes to my account. I may cancel this authorization in writing to the Mississaugas of the Credit First Nation giving two weeks notice prior to withdrawal. However, I am still responsible for my contract obligations to the Mississaugas of the Credit First Nation.

I/We acknowledge that any NSF fees (current bank rate) will be my/our responsibility if payment is declined for any reason.

Authorized by:

SIGNATURE

DATE

Please mail this completed form to the above address to the attention of Accounts Receivable/Banking Officer or by e-mail to: AccountsReceivable@mncfn.ca and keep a copy for your records. If at anytime your address/banking information changes, please forward updated information.

For Office Use Only:

Customer No: _____

Entered by: _____

Date: _____