



43841 TALBOT LINE, R.R. #3, ST. THOMAS, ONT. N5P 3S7  
 519-631-3810 Toll Free 1-800-265-4342 Fax 519-631-4755  
 www.dowlerkarn.com

*Please complete the Pre-Authorized Debit (PAD) Plan agreement below*

I/we authorize Dowler-Karn Limited, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Dowler-Karn Limited account(s). Regular monthly payments will be removed from my account on: *Please check one option below:*

- OPTION 1: 1<sup>ST</sup> OR 15<sup>TH</sup> \_\_\_\_\_
- OPTION 2: Statement balance 21<sup>th</sup> of the following month \_\_\_\_\_

This authority is to remain in effect until Dowler-Karn Limited has received written notification from me/us of its change or terminations. This notification must be received at least ten (10) days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpage.ca](http://www.cdnpage.ca)

|  |   |
|--|---|
| <b>PLEASE PRINT</b>  | <b>DATE</b> _____                         |
| Name(s): _____ Account number _____  |   |
| Budget Amount: \$ _____ Type of Service: Personal _____ Business _____<br>(if applicable)                                |   |
| Address: _____   |   |
| City/Town: _____ Province: _____ Postal Code: _____  |   |
| Phone number: _____ email: _____   |   |
| <b>BANKING INFORMATION</b>   |   |
| <b>FINANCIAL INSTITUTION (FI):</b> _____   |   |
| <b>ACCOUNT #:</b> _____<br>(7 digits)  |   |
| <b>BRANCH/TRANSIT:</b> _____<br>(5 digits)   | <b>INSTITUTION #:</b> _____<br>(3 digits) |
| Address: _____   |   |
| City/Town: _____ Province: _____ Postal Code: _____  |   |
| <b>Authorized Signature(s)</b> _____   |   |
| DOWLER-KARN LIMITED<br>ATTENTION: CUSTOMER BUDGET DEPARTMENT<br>43841 TALBOT LINE, RR3<br>ST. THOMAS, ONTARIO<br>N5P 3S7 |   |

PLEASE REFER TO EXAMPLE BELOW TO COMPLETE YOUR PAP  
AUTHORIZED DEBIT PAYORS AGREEMENT.

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Canada Trust  
220 BUNDAS ST.  
LONDON (ONTARIO) M5A 4S4

004 12345 004 1234 1234567

Cheque #

(5 Digit) Branch/Transit #

(3 Digit) Institution #

(7 Digit) Account #