

**EASTERN REGIONAL SERVICE BOARD  
PAYER'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

**CUSTOMER INFORMATION (please print clearly)**

NAME: \_\_\_\_\_ TEL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOWN: \_\_\_\_\_ PR: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EASTERN REGIONAL SERVICE BOARD ACCOUNT NO.: \_\_\_\_\_

**BANK ACCOUNT INFORMATION (attach a VOID cheque or complete the following)**

BANK ACCOUNT NO. \_\_\_\_\_ BRANCH TRANSIT NO. \_\_\_\_\_

FINANCIAL INSTITUTION NO.: \_\_\_\_\_ FINANCIAL INSTITUTION NAME: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) DETAILS**

You, the Payer, authorizes Eastern Regional Service Board to debit the bank account identified above for service fees as outlined below:

- Payment in full due January 31
- Four equal payments due January 31, April 30, July 31 & October 31
- Ten equal payments due the last day of each month from January through October

**NOTE: Pre-Authorized debit forms MUST be received by January 25 in order to process the first payment on January 31. Pre-authorized debit forms not received by this date will not be processed and the account will incur interest fees of 1.75% monthly (simple). Please note that unpaid fees incurred prior to January 1, 2019 are subject to interest of 2% monthly (compounding).**

**If you would like to become a Permanent PAD Payer for annual payments in future years, please tick below:**

- You, the Payer, authorizes Eastern Regional Service Board to debit the bank account identified above for service fees as per the selected payment schedule above for annual payments in future years or until notice in writing is provided to Eastern Regional Service Board.

**Please note that you, the Payer, are responsible to notify Eastern Regional Service Board regarding any changes to your bank account.**

Please note that you, the Payer, may revoke authorization at any time by providing Eastern Regional Service Board notice in writing by mail, fax, or email (please see below for contact information) subject to providing notice of at least 21 days prior to your next payment. 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.payments.ca](http://www.payments.ca).

**Signature of Account Holder:**

**Signature of Joint Account Holder (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Name: \_\_\_\_\_  
(please print)

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 of any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

**Please send completed form to:**

**EASTERN REGIONAL SERVICE BOARD  
255 MAJORS PATH, SUITE 3  
ST. JOHN'S NL A1A 0L5**

Tel: (709) 579-7960 Fax: (709) 579-5392 Email: [info@ersbnl.ca](mailto:info@ersbnl.ca)  
[www.easternwaste.ca](http://www.easternwaste.ca) [www.easternregionalserviceboard.com](http://www.easternregionalserviceboard.com)

