

**EASTERN WASTE MANAGEMENT  
PAYOR'S PRE-AUTHORIZED DEBIT (PAD)/CREDIT CARD (PACC) AGREEMENT**

**CUSTOMER INFORMATION** *(please print clearly)*

NAME: \_\_\_\_\_ TEL #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TOWN: \_\_\_\_\_ PR: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
EASTERN WASTE MANAGEMENT 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: \_\_\_\_\_

**CREDIT CARD INFORMATION** *(The account holder is responsible to provide EWM with updated card information)*

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD)/CREDIT CARD (PACC) DETAILS**

You, the Payor, authorizes Eastern Waste Management to debit the bank account/credit card identified above for waste management 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

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

- You, the Payor, authorizes Eastern Waste Management to debit the bank account/credit card identified above for waste management fees as per the selected payment schedule above for annual payments in future years or until further notice is provided to Eastern Waste Management.

Please note that you, the Payor, are responsible to notify Eastern Waste Management regarding any changes to your bank account/credit card information.

Please note that you, the Payor, may revoke authorization at any time by providing Eastern Waste Management 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.cdnpay.ca](http://www.cdnpay.ca).

**Signature of Account Holder:**

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

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

\_\_\_\_\_  
Name: \_\_\_\_\_  
*(please print)*  
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.cdnpay.ca](http://www.cdnpay.ca).

**Please send completed form to:**

**EASTERN WASTE MANAGEMENT  
255 MAJORS PATH, SUITE 3  
ST. JOHN'S NL A1A 0L5  
Tel: (709) 579-7960 Fax: (709) 579-5392 Email: [info@easternwaste.ca](mailto:info@easternwaste.ca)  
[www.easternwaste.ca](http://www.easternwaste.ca)**