



Government
of Canada

Gouvernement
du Canada

Pre-authorized Debit (PAD) / Direct Deposit Authorization

Recipient Name:

Atlantic Fisheries Fund Project Number:

A- Pre-authorized Debits - Please attach a voided cheque and complete the following:

Name of Account Holder(s) (If different from above)

If you are not providing a voided cheque, please have the following information completed and confirmed by your financial institution:

Branch No.:

Institution No.:

Account No.:

Name(s) of Account Holder(s):

Financial Institution:

Address:

Telephone No.:

Signature of Financial Institution Official

Date

All information obtained by Fisheries and Oceans Canada (the Department) will be treated in accordance with the *Access to Information Act* and the *Privacy Act*.

B- Direct Deposit Authorization:

Progress and final payments of the contribution will be deposited directly in the above-mentioned bank account. Please provide your email address for notification.

Email Address:

I/We hereby authorize the Department to debit the bank account identified above, as per the repayment terms of the contribution agreement(s) and any subsequent amendments. I/we hereby authorize the Department to credit the bank account identified above.

I/We hereby authorize the Department to debit the bank account identified above with a service fee of \$15.00 if a PAD is returned due to insufficient funds.

I/We may revoke my/our authorization at any time, subject to providing written notification from me/us of its change or termination. This notification must be received by the 15th day of the month prior to the next scheduled payment. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD agreement I/we may contact my/our financial institution or visit www.cdnpay.ca. I/we acknowledge that this cancellation does not terminate any obligation that I/we may have with the Department.

I/we acknowledge that I/we must continue to make payments according to the contribution agreement by a method acceptable to the Department until the contribution is repaid in full. Should I/we stop making payments, I/we will be in default of the contribution agreement(s).

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.cdnpay.ca.

Signature of Authorized Signing Officer(s)

Date

Return form by mail to:

Atlantic Fisheries Fund - Polaris-P430
P.O. Box 1006
Dartmouth, NS B2Y 4A2