



Pre-authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name: _____

WEST COAST IRON Account :

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Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number:

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 Branch Transit Number:

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Financial Institution Number:

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 Chequing Account Savings Account

Financial Institution: Name _____

Branch Address _____

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize West Coast Iron to debit the bank account identified above for \$_____.____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (*check one*) _____ personal _____ business use.

You the Payor may revoke your authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 30 days). 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.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

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 for 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.

When the form is complete, mail or Deliver to **West Coast Iron**
101-1533 Broadway Street
Port Coquitlam, BC V3C 6N9
Phone: (604) 474-4960
info@westcoastirononline.com