



Making a Difference

For more information:
E: POAcollections@guelph.ca
T: 519-826-0762
F: 519-826-6814
guelph.ca/court

PRE-AUTHORIZED DEBIT (PAD) TERMS AND CONDITIONS

- 1. Processing Dates: Pre-Authorized Monthly Debits are processed on the date agreed upon (1st or 20th) of each month...
2. Stop/Change payment date/amount: You may request to change or stop a payment date, or adjust the payment amount and/or frequency...
3. Cancellation: You may permanently revoke authorization for this PAD, subject to providing notice of at least ten (10) business days...
4. Unauthorized debits: You have certain recourse rights if any debit does not comply with this agreement...
5. Non-Sufficient Funds: Payments not honoured by the bank/financial institution will be subject to an additional fee of \$40...
6. Notification Requirements: Submission of this agreement with signature constitutes a waiver of your right to receive pre-notification...
7. Void Cheque and/or PAD form: Attach a void cheque or pre-authorized debit (PAD) form from your bank. Minimum payment of \$25 required.

Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act, 1989, as amended, and will be used in implementing a program for automatic withdrawal.

** For joint accounts requiring more than one signature, all parties must sign this form

Signature: _____ Dated _____

Signature: _____ Dated _____

Please Return to:
Ontario Court of Justice
Provincial Offences
City Of Guelph
59 Carden St.
Guelph ON N1H 2Z9



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CUSTOMER AGREEMENT & AUTHORIZATION FORM
PRE-AUTHORIZED DEBIT (PAD) PLAN FOR CITY OF GUELPH PROVINCIAL OFFENCES

Name: _____

Address: _____

Email: _____ Phone Number: _____

Offence Number(s): _____

Outstanding balance: \$ _____ CAMS # (office use only): _____

This application is made on behalf of an: Individual Business

BANKING INFORMATION

Void cheque and/or PAD form from financial institution must be attached.

Bank # _____ Transit # _____ Account # _____

Name of Financial Institution: _____

Branch Address: _____

City/Town: _____ Branch Phone: _____

PAYMENT INFORMATION

Payment Date: Monthly on the 1st AND/OR Monthly on the 20th

1st Payment Date: _____ Payment Amount: \$ _____

I/We have read and understood the terms and conditions of this authorization and acknowledge receipt of copy of agreement thereof. This authorization is to remain in effect until the City of Guelph, Court Services, has received payment in full as outlined, and/or for duration of Extension of Time to Pay, or if written notice of its termination is received within 10 business days before the next PAD is to be processed.

****I understand and agree that any breach in the payment set forth above shall constitute a default and furthermore, without notice, may result in the immediate suspension of my driver's licence.****

*** For joint accounts requiring more than one signature, all parties must sign this form*

Signature: _____ Dated _____

Signature: _____ Dated _____