

**LAI AND ASSOCIATES**  
INNOVATE AND COMMUNICATE

# **PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

Microsoft Partner



Lai and Associates is pleased to offer our Payor's PAD Agreement, enabling your monthly / annual service bills for managed services, software licences, cloud consumption or LMS access to be directly debited from your designated accounts.

This payment option requires the completion of this document and enables our financial facilitator (RBC) to electronically collect payments due on our behalf.

Please read the following carefully and full the required information to add you to our system as a registered Payor.

### Payor's PAD agreement

To: \_\_\_\_\_

Re: \_\_\_\_\_

#### Pre-Authorized Debit (PAD) Agreement

##### Payor Information

Payor Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

##### Bank Account Information (Payor account to be debited)

Bank Account Number \_\_\_\_\_ Transit Number (5 digits) \_\_\_\_\_ Bank ID (3 digits) \_\_\_\_\_

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Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

##### Pre-Authorized Debit (PAD) Details

This PAD Agreement is for an: Individual ☐ Business ☐

I/we authorize \_\_\_\_\_ and their designated service provider (Royal Bank of Canada) to debit my/our bank account as per the following schedule:

☐ Recurring Payments of \$ 

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 on the 

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**day** of each month or the next business day,

**Or**

☐ Variable Payments arising under my/our **Lai and Associates Inc** account(s) on the 

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**day** of each month or the next business day.







**I/we have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PADs before the debit is processed.**

I/we may revoke my authorization at any time, **subject to providing notice of 30 days to Lai and Associates Inc.**

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

To obtain a sample cancellation form or for more information on my recourse rights or my/our rights to cancel a PAD agreement, you may contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

**Electronic Authorization - Signature of Payor Bank Account Holder(s) for the bank account provided above.**

To enter into this agreement the required number of signatures to authorize transactions on the above bank account must be provided below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name – please print)

\_\_\_\_\_  
(Name – please print)

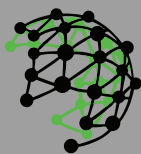
\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

**Lai and Associates Contact Information:**

**Lai and Associates Inc  
#606 – 1400 The Esplanade  
Pickering Ontario, L1V6V2  
Tel: 647 956 8130  
Email: [accounting@laiandassociates.ca](mailto:accounting@laiandassociates.ca)**





**LAI AND ASSOCIATES**  
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For Microsoft Office 365 Consulting or Training contact Lai and Associates

Phone: 647-956-8130 or 647-495-8375 IT Support: 647-497-7123

Email: [contact@laiandassociates.ca](mailto:contact@laiandassociates.ca)

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