THIS FORM IS RESERVED FOR INTERNAL USE ONLY

Contract No. _____

# PAD AGREEMENT

## Pre-authorized Debit

A **STANLEY** SECURITY COMPANY

Block letters please

## 1. CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ CP : _____

Telephone: _____ Cellular: _____

## 2. BANK ACCOUNT INFORMATION (fill out this section if you don't have a VOID cheque)

Account number: | | | | | | | | | | |  Branch transit number: | | | | | |

Financial Institution Number: | | |  ☐ Checking account  ☐ Saving account

PLEASE ATTACH A VOID CHEQUE

Name of Institution: _____

Branch address: _____

## 3. PRE-AUTHORIZED PAYMENT DETAILS (PAD)

You, the payer, authorized FIRST NATIONAL ALARMCAP LP. (hereinafter called ALARMCAP) to debit from the bank account indicated above, the sum of $_____ each time the value of the services you have purchased, including all applicable taxes reaches this amount for the contract # _____

This services are for (*please check one*) : ☐ personnal use ☐ business

You, the payer, may revoke your authorization at any moment, with a 30 days notice. To receive a cancellation form specimen, or for more information about your right to cancel PAD agreement, contact your financial institution or visit ***www.cdnpay.ca***. The payer is aware that the termination of this PAD agreement has no effect on the contract for goods or services between the payer and ALARMCAP.

_____ _____

*Account holder signature* *Joint account holder signature (if applicable)*

_____ _____

*Name in block letters* *Name in block letters*

Date: _____ Date: _____

You have the right of appeal if a debit isn't in compliance with this agreement. For example, you are entitled to receive reimbursement for any debit that is not authorized or is not compatible with this PAD agreement. For more information on your rights to appeal, contact your financial instaitution or visit ***www.cdnpay.ca***.

CREDIT CARD - SECTION RESERVED, FOR RESTRICTED USE ONLY

## 4a. CREDIT CARD INFORMATION (if the **PAD** is to be taken from credit card)

☐ VISA
☐ MC
☐ AMEX

| | | | | | | | | | | | | | | | |  Expiration date | | | |

## 4b. CREDIT CARD INFORMATION (if the payment of the **equipment** is to be taken from credit card)

☐ VISA
☐ MC
☐ AMEX

| | | | | | | | | | | | | | | | |  Expiration date | | | |


☐ **DIVISION MONTREAL** 8125, du Golf Blvd., Montreal (Quebec) H1J 0B2 Tel.: 514 382-8827 1-888-382-8827 Fax.: 514 955-2826

☐ **DIVISION QUEBEC** 4780, St-Felix Street, St-Augustin (Quebec) G3A 2J9 Tel.: 418 877-2755 1-888-382-8827 Fax.: 418 864-7951