



Pavor's PAD Agreement

Please complete the Pre-Authorized Debit (PAD) Plan Agreement Below.

I/We authorize Sugar Law Group, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions per my/our instructions for monthly regular recurring payments and/or one-time payment(s) from time to time, for payment of all charges arising under my/our account(s) with Sugar Law Group. I/We waive our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of each PAD before the debit is processed.

This authority is to remain in effect unless Sugar Law Group has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We have certain recourse rights if any debit does not comply with this Agreement. For example, I/we have the right to receive reimbursements for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT **DATE:** _____

Name(s): _____ | SLG Docket Number: _____

Address: _____ | City/Town _____ | Prov: _____

Postal Code: _____

Phone Number: _____ | Email: _____

Type of Service: Business / Personal (*check one*)

Banking Information

Your Bank: _____

Institution #: _____ | Account Type: _____

Transit #: _____ | Account #: _____

Authorized Signature(s): _____

Payment Instructions

(1) One-Time Payment(s) – Amount: _____ | Date: _____

(2) One-Time Payment(s) – Amount: _____ | Date: _____

Recurring Payments – Amount: _____ | Start Date: _____

Intervals: _____

Additional Instructions: _____

I/We also authorize Sugar Law Group to take out sporadic PAD payments not addressed in this document if I/we provide instructions to do so in the future.

Please Return to Sugar Law Group

Mailing Address: 15 Coldwater Rd., North York, ON, M3B 1Y8

Fax: (647) 479-8961

Email: inquiries@sugarlawgroup.com