# Payor's Pre-authorized Debit (PAD) Agreement

**1. Customer Information (Please print clearly)**

Name: _____

SkyLink Travel Account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

**2. Bank Account Information**

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Branch Transit Number: ☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name:

_____

Branch Address:

_____

**3. Pre-Authorized Debit (PAD) Details**

You, the Payer, authorize Skylink Travel Inc to debit the bank account identified above for the amount indicated as per account statement. An invoice/statement will be sent out to you by e mail before processing the debit.

**4.** These services are for Business use: ☐ Yes ☐ No

**5.** You, the Payor, may revoke your authorization at any time (*Payee to insert process- e.g. in writing or by phone*), 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:

_____

Name

_____

(Please print)

Signature of Joint Account Holder (if appropriate):

_____

Name

_____

(Please print)

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 fax to:

Skylink Travel Inc.
1027 Yonge Street,
Toronto, Ontario M4W 2K9
Fax: 416-922-9518, Tel: 1-800-267-5480
E-mail: receivables@skylinkcanada.com