



**1. Customer Information** (Please Print Clearly)

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**2. Banking Information**

Bank Account Number: \_\_\_\_\_ Bank Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

You, the Payor, authorize Rayner Agencies Ltd. to debit the bank account identified above as per the schedule provided.

Please choose your preferred payment withdrawal day (check one): \_\_\_ 1st or \_\_\_ 15th

A \$25.00 fee will be applied to all NSF payments.

You may revoke your authorization at any time, subject to providing written notice of 30 days. To obtain a cancellation form or for more information on your right to cancel a PAD Agreement, or to receive reimbursement for any debit that is not authorized or consistent with this PAD Agreement, please contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder: (if applicable)

\_\_\_\_\_

\_\_\_\_\_

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

(Please Print)

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

(Please Print)

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

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

When this form is complete, mail, fax, or email it to:

Rayner Agencies Ltd., 100-810 Central Avenue, Saskatoon, SK S7N 2G6

Email: [payments@rayneragencies.ca](mailto:payments@rayneragencies.ca)

Phone: 306-373-0663. Fax: 306-374-7198