



INSTRUCTIONS:

- Complete and return this form with a void cheque to the mailing address above, or send by fax to 250 356-5604.
Do not mail original if sending by fax.
If you require more information, or need assistance to complete this form, please call toll-free 1 877 405-4911
Payments must be made in the usual manner until you are notified that your PAD Agreement is in effect.

Freedom of Information and Protection of Privacy Act (FOIPPA). The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26 of the FOIPPA.

PLEASE PRINT CLEARLY

SECTION A - APPLICANT'S PERSONAL INFORMATION

Form with fields: FOR PAYMENT OF CLM ACCOUNT NUMBER, SURNAME, FIRST NAME, MIDDLE NAME or INITIAL, MAILING ADDRESS, UNIT NUMBER, STREET NUMBER/PO BOX NUMBER, STREET NAME, CITY, PROVINCE, POSTAL CODE, HOME PHONE, WORK PHONE.

SECTION B - FINANCIAL INSTITUTION (BANK) INFORMATION

Form with fields: Void cheque enclosed (checkbox), TRANSIT NUMBER, BANK NUMBER, BANK ACCOUNT NUMBER, Name of Bank Account Holder, Name of Bank, Address of Bank.

SECTION C - AUTHORIZATION

I / We have read, understood, and accept all provisions contained in this form, including the terms and conditions on the reverse. Any delivery of this authorization to the Ministry of Finance constitutes delivery by me / us to the bank.
The Ministry of Finance is hereby authorized to withdraw funds from my / our bank account identified above to cover all amounts due on the CLM account number identified above.
I / We undertake to promptly notify the Ministry of Finance, in writing, of any change in the bank account provided in this authorization.
I / We have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my / our recourse rights, I / we may contact my / our bank or visit www.cdnipay.ca
I / We hereby waive any and all requirements for pre-notification of debiting, including, but not limited to, pre-notification of changes in the amounts.

Form with fields: SIGNATURE OF BANK ACCOUNT HOLDER, DATE SIGNED (YYYY, MM, DD) for two entries.

Province of British Columbia Pre-Authorized Debit Plan (PAD) Terms and Conditions

By signing this application, you acknowledge that authorization is provided for the benefit of the CLM account, the Ministry of Finance, and your bank or financial institution (hereafter referred to as your bank), and in consideration of your bank agreeing to process debits against the bank account indicated on the front of this form, in accordance with the rules of the Canadian Payments Association.

The amount to be withdrawn from your account may vary in accordance with your payment plan. The Ministry of Finance and your bank will process debits against your account and withdraw all such amounts without any pre-notification or consent by you.

Payments must be made in the usual manner until you are notified that your PAD Agreement is in effect.

All pre-authorized debit dates will occur on their respective date or, when the selected date is on a weekend or statutory holiday, on the next business day.

When two consecutive monthly pre-authorized debits are returned by your bank, the Ministry of Finance will terminate this PAD Agreement and advise you in writing. If payments are returned, a service fee will be charged for each failed withdrawal attempt.

You may cancel this authorization by notifying the Ministry of Finance at least 21 calendar days before the next pre-authorized debit date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your bank or visit www.cdnpay.ca.

Note: Neither termination of the PAD Agreement by the Ministry of Finance, nor cancellation of this authorization by you, cancels your debt to the Province of British Columbia.

Your bank is not responsible for verifying if payments have been issued in accordance with the particulars of this agreement. You may dispute a pre-authorized withdrawal under the following conditions:

1. The withdrawal was not processed in accordance with your authorization; or
2. The authorization was cancelled in accordance with the terms and conditions of this application.

To request reimbursement of a disputed withdrawal, you must complete a declaration stating that either condition 1 or 2 above took place. In the case of a personal pre-authorized debit, you must present the completed declaration to the branch of the bank holding your account within 90 calendar days of the date when the withdrawal in dispute was posted to your bank account. After 90 calendar days, any dispute is to be resolved solely between you and the Ministry of Finance.
