

**Pre-Authorized Debits (PADs)
 Pro Forma Declaration Form
 for Pre-Authorized Debits (PADs)**

Note: A claim for reimbursement by a customer for a disputed pre-authorized debit must be made within the following timeframes:

REASON(S) (set out below)	PAD CATEGORY	TIMEFRAME FOR RETURN	EXCEPTION
1, 2 & 3	Personal	90 calendar days after date of debit to payor's account.	None.
	Business	10 calendar days after date of debit to payor's account.	None.
	Funds Transfer	90 calendar days after date of debit to payor's account.	No recourse through the clearing system for codes 650 and 83. Refer payor to sponsoring member for reimbursement.
	Cash Management	N/A	No recourse through the clearing system for codes 420 and 44. Refer payor to the payee for reimbursement.
4	- Personal - Business - Funds Transfer - Cash Management	90 calendar days after date of debit to customer's account.	None.

I(We), (name of payor) declare that, with reference to pre-authorized debit (PAD) drawn in favour of (name of payee) in the amount of \$ (amount) drawn on account number (account number) on (date) for :

1. The aforementioned PAD was not processed in accordance with the Payor's PAD Agreement;
OR
2. The Payor's PAD Agreement was revoked and notice of such revocation was provided to (name of payee) prior to the due date of the aforementioned PAD;
OR
3. Pre-notification of the aforementioned PAD was not received at least ten (10) calendar days before the due date, and such pre-notification was required under the terms of the Payor's PAD Agreement;
OR
4. I(We) have no Payor's PAD Agreement or other agreement for PADs with (name of payee) and never authorized (name of payee) to draw or prepare the aforementioned PAD, in my(our) name.

I(We) warrant that no reimbursement was sought nor received directly from the payee with respect to the aforementioned PAD.

I(We) permit (payor's financial institution) to provide this declaration to (name of payee) and to the financial institution acting on behalf of (name of payee) .

And, I(we) make this declaration conscientiously believing it to be true.

Signed: _____
 Payor/Valid Signing Authority(ies)

Where the payor's account agreement requires the signature of two signing authorities, both signatures are required for the purposes of this declaration.

 Date

 Financial Institution Representative

