



## Personal Pre-Authorized Debit Plan

### Authorization for Brasil Remittance to Direct Debit a Client Account

#### Instructions

1. Please complete all sections of application in order to instruct your financial institution to make payments to Brasil Remittance from your bank account.
2. Return completed form with a blank cheque marked "VOID" to the Payee at the address or email below.

Client (Payor) Information		
Name		
Address		
City	Province	Postal Code

Client (Payor) Banking Information			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Common Institution #</b> 001 Bank of Montreal 002 Scotiabank 003 Royal Bank 004 TD Canada Trust 010 CIBC
Branch Number	Institution #	Account Number	
Name of Financial Institution			
Branch Address			

Payee Information
Payments will be made to the account of:
<b>Brasil Remittance Inc.</b> 1458 Dundas St W. Toronto, ON M6J 1Y6 brasilremittance@bellnet.ca
Purpose of Payment: Transfer Overseas for Personal Use



<b>Payment Information</b>	
<b>How much?</b>	Please specify whether the payment is a:  <input type="checkbox"/> <b>Fixed Amount</b> (Please specify) Amount: CAD\$ _____  OR  <input type="checkbox"/> <b>Variable Amount:</b> If variable, please specify whether there is a maximum amount, or indicate N/A if there is no maximum amount Maximum: CAD\$ _____
<b>How often?</b>	Occurring at (Please check one):  <input type="checkbox"/> <b>Set Intervals:</b> Please indicate specific timing (eg. Weekly, bi-weekly, monthly) _____ <input type="checkbox"/> <b>Sporadic Intervals</b> (Random) Secret Code: _____
<b>Adjustable?</b>	Are top-ups or adjustments permissible? (Please check one) <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

Please initial the points below:

\_\_\_\_\_ I agree to participate in this Pre-Authorized Debit Plan and I authorize Brasil Remittance Inc. and the financial institution designated to begin deduction as per my instructions for payment of transfers overseas from my bank account identified above.

\_\_\_\_\_ I may revoke or cancel this agreement at any time by providing Brasil Remittance with written notification of any change or termination. I may obtain a sample cancelation form or more information on my right to cancel a PAD agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_ I may dispute a PAD if any debit does not comply with this agreement. I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_ I agree that with respect to Sporadic PAD, a password or secret code will be issued or provided and shall constitute valid authorization for Brasil Remittance to debit my account.

\_\_\_\_\_ I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below.

**Authorized Signature:** \_\_\_\_\_

**Date of Agreement (MM/DD/YYYY):** \_\_\_\_\_