



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT Cdn.  
Payments Rule H1

*Tk'emlúps te Secwepemc*

(Kamloops Indian Band)

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize the Tk'emlúps te Secwepemc and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time for payment of all charges arising under my/our Tk'emlúps te Secwepemc account(s).

Regular monthly payments in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ /100 Dollars

Will be debited to my/our specified account on the \_\_\_\_\_ day of each month commencing on \_\_\_\_\_ and date of last payment (if applicable) will be on \_\_\_\_\_.

Tk'emlúps te Secwepemc will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Tk'emlúps te Secwepemc has received written notification from me/us of its change or termination. This notification must be received prior to the first day of the month of the next scheduled debit at the address provided below, I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpav.ca](http://www.cdnpav.ca)

The Tk'emlúps te Secwepemc may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

Please Print: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s): \_\_\_\_\_ TteS Customer Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution: (FI) \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

(branch is 5 digits; FI is 3 digits)

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Tk'emlúps te Secwepemc  
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