



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

(Kamloops Indian Band)

AMENDMENT NOTICE

Please complete:

To: Tk'emlups te Secwepemc (the, "Payee")

Date: _____

Folio #: _____

I/we _____ (Payor Name)

Amend my/our authorization to issue PERSONAL pre-authorized debits:

Original Date: _____ Amended Date: Y / N _____

Original Amount: _____ Amended Amount: Y / N _____

_____/100 Dollars

Amending my/our account number:

_____ (5 digits) _____ (3 digits) _____ (12 digits)
Branch Institution BankAccountNumber

Effective on: _____
Date

Note: Terms of the Pre-Authorized Debit (PAD) Agreement: You, the Payor, may revoke your authorization at any time with a thirty (30) day notice in writing to the Tk'emlups te Secwepemc (the, "Payee"). 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.cdnpay.ca

Authorized Signature(s): _____
Payor

Authorized Signature(s): _____
Finance

Tk'emlups te Secwepemc
(Kamloops Indian Band)
#200 - 330 Chief Alex Thomas Way, Kamloops, BC V2H 1H1
Reception: (250) 828-9700 Cash Receipting (250) 828-9861