



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

Tk'emlúps te Secwépemc

(Kamloops Indian Band)

AMENDMENT NOTICE

Please complete:

To: Tk'emlúps te Secwépemc (the, "Payee")

Folio# : _____

Date: _____ (m) _____ (d) _____ (y)

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 Bank Account Number

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'emlúps te Secwépemc (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.cdn pav.ca

Authorized Signature(s): **X** _____
Payor

Authorized Signature(s): **X** _____
PTAX/Finance

Tk'emlúps te Secwépemc
(Kamloops Indian Band)

#200 - 330 Chief Alex Thomas Way, Kamloops, BC V2H 1H1
Reception: (250) 828-9700 Cash Receipting (250) 828-9861