

## Pre-Authorized Debit Agreement (PAD)

**IFS Financial Services Inc.**  
**Suite 1, 250 Brownlow Ave**  
**Dartmouth, Nova Scotia B3B 1W9**  
**Phone 800-565-1153**  
**Fax 800-453-5736**

### IFS Account Information

Account Number \_\_\_\_\_ (10 digits)

Account Name \_\_\_\_\_ (Name(s) of all Insured(s) )

### Bank Account Information

Institution Name \_\_\_\_\_

Institution Number \_\_\_\_\_ (3 digits)

Branch Number \_\_\_\_\_ (5 digits)

Account Number \_\_\_\_\_

Type of Service (please check one) Personal

Business

I/We \_\_\_\_\_ authorize IFS Financial Services Inc (IFS)

Print account holder name

to debit my/our bank account for the monthly payment of \$ \_\_\_\_\_ due IFS on or

Payment Amount

about the \_\_\_\_\_ th day of each month commencing \_\_\_\_\_

Day of Month

Due Date of next payment

I/We may revoke my/our authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, I/we can contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We have certain resource 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 more information on my/our rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

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

Signature of Account holder

\_\_\_\_\_

Date

Please attach a **VOID cheque** so that we may record your correct banking information.