



1. Customer Information (Please Print Clearly)

Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone #: _____ Cell Phone #: _____

2. Banking Information

Bank Account Number: _____ Bank Transit Number: _____
Financial Institution Number: _____
Financial Institution Name: _____
Branch Address: _____
City: _____ Province: _____ Postal Code: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Rayner Agencies Ltd. to debit the bank account identified above as per the schedule provided.
Please choose your preferred payment withdrawal day (check one): ___ 1st or ___ 15th

A \$25.00 fee will be applied to all NSF payments.

You may revoke your authorization at any time, subject to providing written notice of 30 days. To obtain a cancellation form or for more information on your right to cancel a PAD Agreement, or to receive reimbursement for any debit that is not authorized or consistent with this PAD Agreement, please contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder: (if applicable)

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

When this form is complete, mail, fax, or email it to:

Rayner Agencies Ltd., 1000 Central Avenue, Saskatoon, SK S7N2G9
Email: payments@rayneragencies.ca
Phone: 306-373-0663. Fax: 306-374-7198