

Brotherhood Auto Aid

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

I/we authorize Brotherhood Auto Aid (BAA), 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 BAA account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 25th day of each month. BAA will provide ten (10) days written notice of any change in the amount of each regular debit. BAA will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until BAA has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled 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.

BAA may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (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 PAD 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.sdnpay.ca.

1. Customer Information

Name:

Brotherhood Auto Aid Policy Number:

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Address:

City:

Province:

Postal Code:

Telephone Number:

2. Bank Account Information

Deposit Account
Number:

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Financial Institution

Transit Number: (branch – 5 digits, FI – 3 digits)

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Financial Institution Name:

Address:

City:

Province:

Postal Code:

3. Pre-Authorized Debit (PAD) Details

These services are for (check one)

- Personal

- Business Use

Signature of Account Holder:

Date:

When the form is complete, mail or fax to:

Brotherhood Auto Aid
PO Box 337
Montezuma, KS 67867

Tel 620-846-2287
Fax 888-977-8823
E-mail: baa@ucom.net