



Payor's Pre-Authorized Payment Application

For Family Responsibility Support Payments

IF YOUR EMPLOYER IS DEDUCTING SUPPORT PAYMENTS ON YOUR BEHALF, PLEASE IGNORE THIS FORM

Payor Last Name	Payor First Name	Payor Case Number
Branch Transit Number	Financial Institution Number	Bank Account Number
Start Date: <i>(allow 15 days for processing)</i> (DD/MM/YYYY)		Amount of Withdrawal
Frequency you wish payments to be made. Choose one. <input type="checkbox"/> W - Weekly <input type="checkbox"/> M - Monthly <input type="checkbox"/> SM - Semi-Monthly (1 st + 15 th) <input type="checkbox"/> BW - Bi-Weekly (every 2 weeks)		
Home Telephone Number <i>(incl. Area Code)</i>	Business Telephone Number <i>(incl. Area Code)</i>	Fax Number <i>(incl. Area Code)</i>

DECLARATION:

- Beginning on the above Start Date, I authorize the Family Responsibility Office to withdraw Pre-Authorized support payments from the designated bank account, of which I am the authorized signatory. If I am not the authorized signatory, the appropriate signature is **also** provided below.
- I understand that I may cancel this Authorization at any time by **providing written notice** to the Family Responsibility Office, at the address indicated above.
- I will inform the Family Responsibility Office, **in writing**, at the address noted above, of any change in the above information (for example, Banking data / Withdrawal amount) *before* the next PAP is due.
- I understand that if my support payments are affected by a cost of living adjustment (COLA), the Family Responsibility Office will automatically increase the amount of the withdrawal from my bank account. The amount of the increase will be equal to the amount of the cost of living adjustment that is in my support order or agreement. The Family Responsibility Office may also adjust the amount of withdrawal in the event of an order variation.
- I will inform the Family Responsibility Office, **in writing**, to the above address, of any change in my employment status, that results in an employer or income source remitting support on my behalf, which will make me ineligible for Pre-Authorized Payment method.
- I understand that, in the event of a non-negotiable payment (e.g. NSF), I will be liable to a charge of \$35.00.
- I acknowledge that acceptance of this payment method is subject to the discretion of the Family Responsibility Office.
- I understand that I may dispute any PAP not withdrawn in accordance with this authorization. Any dispute must be received at the Family Responsibility Office within 90 days after the disputed PAP.
- I have attached a copy of a cheque from the above designated bank account marked "VOID" for the purpose of this SIGNED Pre-Authorized Payment application.**

Signature of Payor	Date (DD/MM/YYYY)
--------------------	-------------------

Authorized Signature of Designated Bank Account Holder *(if not the payor)*

**Payor's Pre-Authorized
Payment Application**
For Family Responsibility Support Payments

Pre-Authorized Payment

The Family Responsibility Office is pleased to offer you a new and better way to pay your support payments: Pre-Authorized payment or PAP.

It's Quick, It's Easy . . . and It's Convenient

With pre-Authorized Payment (PAP), you don't have to mail personal cheques to the Family Responsibility Office every week or month. Instead, your bank automatically withdraws the money from your bank account and sends it to us. No more keeping track of payment dates, writing post-dated cheques, or looking for a postage stamp.

To start using PAP

By completing the PAP Application Form with the required information, and signing the declaration, your Pre-Authorized Payment request can be processed.

Attach a cheque marked **VOID** to your completed, and **Signed** application form.

If you choose not to use the PAP method to pay your support payments, please use Telephone Banking or PC Banking. For more information on how to use these methods of payment, please contact your bank using the numbers listed below:

The Royal Bank of Canada	1-800-769-2511
The Bank of Montreal	1-800-363-9992
TD Canada Trust	1-866-567-8888
The Canadian Imperial Bank of Commerce	1-800-465-2422
The Bank of Nova Scotia	1-800-267-1234
Hong Kong Bank	1-800-889-4522
Credit Union Central of Ontario	Contact your Credit Union