



Ministry of Community and Social Services

Family Responsibility Office
P.O. Box 220
Downsview ON M3M 3A3
Tel. 1 800 267-4330 (Agent)
Tel. 416 326-1817 (GTA)
www.TheFRO.ca

Personal Pre-Authorized Debit (PAD) Application
(Formerly Pre-authorized Payment or PAP)

For Family Responsibility Support Payments

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

Form with fields: Payor Last Name, Payor First Name, Payor Case Number, Branch Transit Number, Financial Institution Number, Bank Account Number, Start Date, Amount of Withdrawal, Frequency you wish payments to be made, Home Telephone Number, Business Telephone Number, Fax Number.

DECLARATION:

- 1. Beginning on the above Start Date, I (the payor) authorize the Family Responsibility Office (the payee) to withdraw Pre-Authorized support payments from the designated bank account...
2. I understand that I may cancel this agreement at any time by providing written notice to the Family Responsibility Office...
3. I agree to inform the Family Responsibility Office, in writing, at the address noted above, of any change in the above information...
4. I agree 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...
5. I waive my right to receive pre-notification of the amount of the periodic PAD and agree that I do not require advance notice of the amount of PAD before a debit is processed.
6. I agree to 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...
7. I agree that, in the event of a non-negotiable payment (e.g. NSF), I will be liable to a charge of \$35.
8. I acknowledge that acceptance of this payment method is subject to the discretion of the Family Responsibility Office.
9. I agree that I may dispute a PAD only under the following conditions:
(i) the PAD was not drawn in accordance with this PAD agreement
(ii) the PAD agreement was revoked
10. I have attached a copy of a cheque from the above designated bank account marked "VOID" for the purpose of this SIGNED Pre-Authorized Debit Application.

Payor's Recourse/Reimbursement Statement

As a payor, you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institute or visit www.cdnipay.ca.

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

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

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Pre-Authorized Debit

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

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

With pre-Authorized Debit (PAD), 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 PAD

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

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

If you choose not to use the PAD 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