



### Pre-Authorized Debit (PAD) Agreement

I / we authorize SARM to issue pre-authorized debits (PADs) on the account below, at any time requested and in any dollar amount requested, in accordance with the High Interest Savings Account (HISA) Certificate of Authorization and the instructions provided in the HISA Deposit and Withdrawal Information forms. This PAD agreement is solely for transferring funds between the account below and the SARM HISA.

This authorization will remain in effect until SARM has received written notification of termination. This notification will be made by filling out the Pre-Authorized Debit (PAD) Cancellation Notice and providing it to SARM with fifteen (15) business days' notice.

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, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

_____	_____	_____
Signature of Authorized Individual	Name of Authorized Individual	Date
_____	_____	_____
Second Signature (if required)	Name of Second Individual	Date

*Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this PAD agreement.*

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Deposit Account Number:	Branch Transit Number (5 digits):	Financial Institution Number (3 digits):
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**Please email or fax this form and a copy of a void cheque to SARM at [sarmhisa@sarm.ca](mailto:sarmhisa@sarm.ca) or 306-565-2141.**



**Pre-Authorized Debit (PAD) Cancellation Notice**

The \_\_\_\_\_ (“Participant”) cancels our authorization to issue pre-authorized debit fund transfers between our account \_\_\_\_\_ and the SARM High Interest Savings Account.

This cancellation is effective on \_\_\_\_\_, 20\_\_\_\_\_.

We acknowledge that this cancellation does not terminate any other obligation that we may have with SARM.

_____ Signature of Authorized Individual	_____ Name of Authorized Individual	_____ Date
_____ Second Signature (if required)	_____ Name of Second Individual	_____ Date

*Where the Payor’s account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this PAD agreement.*

**Please email or fax this form to SARM at [sarmhisa@sarm.ca](mailto:sarmhisa@sarm.ca) or 306-565-2141.**

**Note:** Please note that the Canadian Payments Association (CPA) cannot cancel a PAD Agreement. All cancellation requests must be submitted directly to the Payee with whom you have established a PAD Agreement. It is advisable to notify the Payee in writing and keep a record of the cancellation request.

Subject to the terms of any agreement between a Payor and Payee including their Payor’s PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, email, fax or prepaid courier and must be provided in compliance with the notice of requirements for cancellations, if any, set out in the applicable Payor’s PAD Agreement.