

## Payor's Pre-Authorized Debit (PAD) Agreement

I/we authorize Dairy Farmers of New Brunswick (DFNB), 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 payments and/or one-time payments from time to time, for payment of all amounts owing arising from my/our successful purchase of quota on the monthly Quota Exchange. Payments for the full amount of services delivered will be debited to my/our specified account on the 20<sup>th</sup> day of the month or noon of the first working day thereafter if the 20<sup>th</sup> falls on a holiday or weekend. DFNB will provide written notice of the amount of each debit.

This authority is to remain in effect until Dairy Farmers of New Brunswick has received written notification from me/us of its change or termination. The said 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](http://www.cdnpay.ca).

DFNB may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 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 this 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.cdnpay.ca](http://www.cdnpay.ca).

### PLEASE PRINT

Type of Service: Business X DFNB Producer #: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Financial Institution (FI): Branch Name & Address: \_\_\_\_\_

Financial Institution Number (3 digits):    Branch Transit Number (5 digits):

Account Number:

DATE: \_\_\_\_\_ Authorized Signature(s): \_\_\_\_\_

Send completed form to:

Dairy Farmers of New Brunswick, Attention: Accounts Receivable  
Tel: (506) 432-4330 | Fax: (506) 432-4333 | E-mail: [accounting@nbmilk.org](mailto:accounting@nbmilk.org)

**PLEASE ATTACH VOID CHEQUE HERE**

cheque #	institution #
"000"   "00000"	"000"   "0000000000"