



swan
DUST CONTROL
Mat & Mop Rental Service

1-800-265-6141
swandust.com

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (please print clearly)

Business Name: _____ Swan Account #: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 E-mail: _____ Telephone #: _____

2. Bank Account Information

Please attach a void cheque, or complete the following:

Account Number: _____ Branch Transit Number: _____
 Financial Institution Number: _____ Account Type: _____ Chequing Account
 Savings Account
 Financial Institution Name: _____
 Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Swan Dust Control Ltd. to debit the bank account identified above for the full amount of services delivered, on the 20th of every month (or the next business day).

These services are for (check one): Business Use Personal

You, the Payor, may revoke your authorization at any time by providing at least five (5) days notice, in writing or via e-mail. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

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.cdnpay.ca.

When the form is complete, e-mail or mail to:

E-mail: ar@swandust.com

Please e-mail in pdf format.

Swan Dust Control Ltd.

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