



# Loraas Disposal

Loraas Disposal Services Ltd.  
805 47th Street East  
Saskatoon, SK  
S7K 8G7  
P: 306-242-2300  
F: 306-242-4994

## Pre-Authorized Payment Authorization Form

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To: (the "Company") Loraas Disposal Services Ltd.

Purpose:  Consumer  Business

Customer(s) Name(s) \_\_\_\_\_

Business(s) Name(s) (if different from above) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Financial Institution (the "Bank") \_\_\_\_\_

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

City \_\_\_\_\_ Prov \_\_\_\_\_

Bank Number           Transit Number

Account Number

I/We (the above named Customer(s)) authorize Loraas Disposal Services Ltd. to debit my/our account indicated above, on the 20th day of each month for previous month invoices, for payments payable to Loraas Disposal Services Ltd. in respect of:

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Loraas Disposal Services Ltd. as indicated and to debit the amount specified to my/our account.

I/We will notify Loraas Disposal Services Ltd. promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

I/We understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon 30 days written notice by me/us to Loraas Disposal Services Ltd. I/We understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to Loraas Disposal Services Ltd. are ended.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Any delivery of this authorization to Loraas Disposal Services Ltd. constitutes delivery by me/us to the Bank.

I/We am/are all the persons who are required to sign on the above account.

I/We have received a signed copy of this authorization form.

Date \_\_\_\_\_ Customer's Signature \_\_\_\_\_