



Payor's Pre-Authorized Debit (PAD) Agreement

I/we authorize Dairy Farmers of Nova Scotia, 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 3rd last banking day of each month. Dairy Farmers of Nova Scotia will provide written notice of the amount of each debit.

This authority is to remain in effect until Dairy Farmers of Nova Scotia 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.

Dairy Farmers of Nova Scotia 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.

PLEASE PRINT

Type of Service: Personal Business **DFNS Registration Number:** _____

Name(s): _____

Address: _____

City/Town: _____ Province: NS 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 Nova Scotia, Attention: Accounts Receivable, 100-4060 Highway 236, Lower Truro NS B6L 1J9
Tel: (902) 893-6455 | Fax: (902) 897-9768 | E-mail: dfns@dfns.ca

PLEASE ATTACH VOID CHEQUE HERE

cheque #	institution #
branch #	account #
"000" "00000"	"000" "0000000000"