



## Cedar Springs Bottled Water Pre-Authorized Debit Agreement

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Cedar Springs Bottled Water, and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments for payments of all charges arising under my/our Cedar Springs Bottled Water account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 15<sup>th</sup> or 25<sup>th</sup> day of each month. Cedar Springs Bottled Water will provide 10 days written notice of the amount of each regular debit.

This authority is to remain in effect until Cedar Springs Bottled Water has received **written notification** from me/us of its change or termination. This notification must be received at least 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).

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.

### Customer Information (Please print clearly)

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

Customer Number: \_\_\_\_\_ Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please attach VOID cheque**

Cedar Springs Bottled Water  
Attention: Accounts Receivable Department  
45 Villarboit Crescent  
Concord, Ontario, L4K 4R2  
Tel: 416-798-7675  
Fax: 905-669-4329  
E-mail: [ar@cedarspringswater.com](mailto:ar@cedarspringswater.com)