**Court Services Department** Telephone: 519-344-8880

Western Sarnia-Lambton Research Park Toll-free: 1-800-387-2882  
1086 Modeland Road, Bldg. 1020, Suite 200 S Fax: 519-344-9379

Sarnia, ON N7S 6L2

**REQUEST FOR PRE-AUTHORIZED DEBIT**

| **Name:** |  | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Address:** |  | | | | | |
| **email:** |  | |  | **Phone Number:** | |  |
| **Offence Number(s)** | | 1760 999 |  | **Total Owing:** | $ | |

**PAYMENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | **Amount of Payments:** | |  | |  | **Number of Payments:** |  | | --- | --- | --- | --- | --- | --- | --- | | **Starting on:** |  | | |  |  |  | | **Frequency of Payment:** | | | | | | | | Monthly on the 1st | | | **and/or** | Monthly on the 15th | | | | this payment is made on behalf of an  individual **or**  business | | | | | | | |

**BANK INFORMATION**

| Name of Financial Institution: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Account: | | | | | | Chequing | | | | | |  | | | | Savings | | | |  | | | Other (please state) | | | | | | | |  | | | | | |
| **Voided cheque attached** | | | | | | | | Yes | | | | |  | | |  | | | No | |  | | | |  | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | |  | | |  | |  | | | |  | | | | | | | | | | | |
| Bank # | | | | Transit # | | | | | | | | | | | | Account # | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  | |  | | |  |  | |  |  | |  | |  | |  | |  |  |  |  |  | |  |  |  | |

I hereby authorize The Corporation of the County of Lambton (Court Services Department) and the financial institution designated to debit the above listed account for fine payments due on behalf of:

Name:

This authorization is to remain in effect until The Corporation of the County of Lambton (Court Services Department) has received payments in full as outlined or providing written notice of its termination is received within 15 business days before the next PAD is scheduled to be processed. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

All required signatures for the account being debited must be recorded below. Please note that Pre-Authorized debits that do not clear will be subject to an administration fee in addition to any fees that may be charged by the bank.

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 consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |
| Signature |  | Date |

| Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act, 1989, as amended, and will be used in implementing a programme for automatic withdrawal. Questions about this collection should be directed to the Provincial Offences Collections Clerk, County of Lambton, Court Services Department, 150 N. Christina Street, Box 1060, Sarnia, Ontario N7T 7K2. |
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