



PRE - AUTHORIZED DEBIT (PAD) & CREDIT CARD AGREEMENT

Customer Information

Name _____

Address _____

City/Prov/Postal Code _____

Phone _____

BBFD Account Name _____

Banking Information - Please attached a void cheque or fill out the following:

Pre-Authorized Debit:

Deposit Account Number: _____

Branch Transit Number: _____

Financial Institution Number (Route): _____

Financial Name & Branch Address: _____

By Signing below, you, the payer, authorize Barry Beecroft Fuel Distributors Ltd. to debit the bank account above for the dollar amount owing on the Beecroft Fuels account on the due date (15th & last day of each month)

Charge to Credit Card:

Visa or MasterCard _____

Expiry Date: _____

Name on Card: _____

By Signing below, you, the payer, authorize Barry Beecroft Fuel Distributors Ltd. to debit the bank account above for the balance on the Beecroft Fuels account on the 1st & 16th of each month

These Services are for (Check one): Personal Business

You the payer, may revoke your authorization at any time, in writing, subject to providing notice of 15 days. 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:

Name (print): _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name (print): _____

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 completed please return form to :

Phone: 250-490-0567
Fax: 250-490-0521

ATTENTION: SONIA
Barry Beecroft Fuel Distributors Ltd
448 Industrial Ave East Penticton, BC V2A 3J1
Email: sonia@bbfd.ca