

**Please complete the Pre-Authorization Debit (PAD) Plan Agreement below.**

I authorize First Class Waste Services, 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 regular recurring payments and/or one-time payments from time to time for payment of all charges arising under my/our First Class Waste account'(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 6th day of each month.

This authority is to remain in effect until First Class Waste has received written notification from me/us of its changes 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 account right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdapay.ca](http://www.cdapay.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. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights. I/We may contact my/our financial institution or visit [www.cdapay.ca](http://www.cdapay.ca).

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**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_ First Class Waste Acct.# \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
3 digits 5 digits

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

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

Authorized Signature(s): \_\_\_\_\_

First Class Waste Services  
Attention: Customer Billing Department  
6257 Sumas Prairie Road  
Chilliwack, BC V2R 4N6  
Phone: 604-823-2116  
Fax: 604-823-4040