

Direct Debit Authorization Form



myWorld

myWorld Retail Services Canada Inc.
payments.ca@myworld.com

Member's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Bank Information

Bank Name: _____

Account Holder's Name: _____

Bank Address: _____

City: _____ Province: _____ Postal Code: _____

4-Digit Institution Code: _____

5-Digit Bank Transit Number: _____

Bank Account # _____

It is the responsibility of the myWorld Member to maintain sufficient funds to cover the PAD (Pre-Authorized Debits) Agreement. Therefore, there will be a \$15.00 CAD fee for ever unsuccessful attempt due to unavailability of funds.

myWorld Retail Services Canada Inc., is hereby authorized to draw drafts of PAD debits or issue PAD credits on the account maintained by me (us) at the above named financial institution.

This authorization shall remain in effect unless and until myWorld has received written notification from me (us) that this authorization has been terminated in such time and manner to allow myWorld to act which may take up to thirty days. By executing this Authorization Form, the undersigned individual(s) represent(s), warrant(s), and acknowledge(s) that: If this is a corporation, limited liability company, or partnership, the individual(s) executing this form has the requisite legal power and authority to complete and submit this form on their behalf. The undersigned represents and warrants to myWorld that the person executing this form is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner(s) are true and correct.

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: **980 dollars For 5 consecutive months starting in may 2024**

Date(s) and/or frequency of debit(s): **May, June 8, July 8, August 8, Septmeber 8**

Account Owner Signature: _____

Date: _____

Print Name and Title: _____