



☐ Change to Banking Information [complete Sections 1 and 2]

☐ Application and Authorization for Pre-Authorized Debit ("PAD") Funding [complete Sections 1 and 3]

**\*\*IMPORTANT NOTE: Complete the shaded areas below with the information of the party named on the bank account\*\***

### 1. CLIENT INFORMATION

Client Name:

Client ID / Payroll Account:

### 2. NEW BANK ACCOUNT INFORMATION

**One of the following must be attached:**

- ☐ "Void" cheque (must be electronically personalized / pre-printed by bank)
- ☐ Bank provided counter cheque, **WITH** a bank letter, bank email or bank stamp
- ☐ Completed bank preauthorized debit/direct deposit set up form **WITH** a bank letter, bank email or bank stamp
- ☐ Bank account statement (including company name and account number details) **WITH** a bank letter, bank email or bank stamp
- ☐ Bank letter **WITH** a bank stamp

**Please Note:** bank letters and bank emails must contain bank letterhead, be dated and signed with all the pertinent information (account name, institution, transit and account number)

### 3. APPLICATION AND AUTHORIZATION FOR PRE-AUTHORIZED DEBIT - SUBJECT TO DAYFORCE APPROVAL

Estimated Amount of Regular / Recurring Payment: \$

**Note:** For payroll services, indicate estimated payroll total (per pay period)

For non-payroll services, indicate estimated regular invoice amount

If funding for payroll: Estimated One-Time Payroll Total (i.e. including Bonus payment) \$

Type of Business: Choose One:

Number of Years in Business:

#### Bank Account Information

Current Financial Institution

Account Manager Name

Account Manager Direct Phone #

Account Manager Email Address:

Details of Bank Borrowing (if applicable)

Authorized Amount

Outstanding Amount

**One of the following must be attached:**

- ☐ "Void" cheque (must be electronically personalized / pre-printed by bank)
- ☐ Bank provided counter cheque, **WITH** a bank letter, bank email or bank stamp
- ☐ Completed bank preauthorized debit/direct deposit set up form **WITH** a bank letter, bank email or bank stamp
- ☐ Bank account statement (including company name and account number details) **WITH** a bank letter, bank email or bank stamp
- ☐ Bank letter **WITH** a bank stamp

**Please Note:** bank letters and bank emails must contain bank letterhead, be dated and signed with all the pertinent information (account name, institution, transit and account number)

**TERMS OF AUTHORIZATION TO DEBIT THE ABOVE ACCOUNT:** By signing below, the Client authorizes Dayforce Canada Ltd. ("Dayforce") to debit the following amounts from the above account in connection with services provided pursuant to the services agreement between Client and Dayforce ("Agreement"): (i) all funds and/or Dayforce's Fees payable to Dayforce under the Agreement, (**such funds to be debited 2 Business Days prior to the scheduled pay date**); and (ii) other fees and charges arising under the Agreement, such amounts to be withdrawn on the date / frequency set forth therein, or otherwise on the Business Day following the date Dayforce's invoice is rendered for such other fees / charges (which invoice will be rendered at the times / frequency as set forth in the Agreement). **Client hereby waives the requirement for Dayforce to provide it with 10 days pre-notification of the debited amounts.** The financial institution is not required to verify that any debits drawn by Dayforce are in accordance with this authorization or the Agreement. Any delivery of this document to Dayforce constitutes delivery by Client to the financial institution. It is warranted and guaranteed by Client that all persons whose signatures are required to sign on the above account have signed this document and that the signing of this document has been duly authorized by Client. This authorization is provided in connection with business services. Client acknowledges receipt of a signed copy of this document.

**RIGHTS OF RECOURSE / REIMBURSEMENT:** Client has certain recourse rights if any debit does not comply with this document. For example, Client has the right to receive reimbursement for any debit that is not authorized or is not consistent with this document. To obtain more information on Client's recourse rights, Client may contact its financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**RIGHT OF CANCELLATION:** This authorization shall remain in effect until Dayforce receives written notification from Client of its change or termination. Such notification must be received by Dayforce at least ten (10) Business Days before the next scheduled debit at the following address: *Dayforce Canada Ltd, 3rd Floor, 242 Hargrave Street, Winnipeg, MB R3C 0T8, Attention: Trust Department, email: [trust@ceridian.com](mailto:trust@ceridian.com)*. Client may obtain a sample cancellation form, or more information on its right to cancel a PAD agreement, at its financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Client hereby consents to Dayforce conducting credit investigations, from time to time, including such requests for and exchange of information to and from consumer reporting agencies or credit grantors as it may require to approve and maintain any funding arrangements to be granted by Dayforce in relation to the services, and to provide payment history information to such agencies.

**REFUNDS:** On occasion refunds may be necessary (e.g. stop payment on a direct deposit). Dayforce may automatically re-deposit refunds into the above account.

#### Complete if bank account name is different than Client Name

The undersigned, being the party named on the above identified bank account, has signed this document as if it were the Client for the purposes hereof, and confirms the above disclosure information and authorizes Dayforce Canada Ltd. to make withdrawals from its account in accordance with the terms set forth above.

Name of Party on Bank Account:

Per: \_\_\_\_\_

(Signature)

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

Title: \_\_\_\_\_

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

I have the authority to bind the corporation/partnership and am also an authorized signatory for the named bank account.

Client Name:

Per: \_\_\_\_\_

(Signature)

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

Title: \_\_\_\_\_

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

I have the authority to bind the corporation/partnership and if the above account is in the Client's Name, I also confirm I am an authorized signatory for the named bank account.