

Pre-Authorized Debit (PAD) Agreement

ephone: 204-945-7133

Maintenance Enforcement Program Telephone: 204-945-7133 100-352 Donald St Winnipeg, MB R3B 2H8 Facsimile: 204-945-5449 ManitobaMEPinquiries@gov.mb.ca Toll free in Canada: 1-866-479-2717

I authorize the Maintenance Enforcement Program (MEP) and the financial institution indicated below to debit (withdraw) maintenance payments from the account I have specified below. This authority is to remain in effect until the MEP has received written notification from me of its change or termination. This Agreement and any subsequent changes must be received by the MEP at least five (5) business days before the next scheduled debit (withdrawal) to allow for processing and no changes can be made for Agreements received on or after the withdrawal dates entered below. I may obtain a cancellation form from the MEP's website at www.manitoba.ca/justice/courts/mep/index.html. I can obtain more information on my right to cancel this Agreement at my financial institution or by visiting www.payments.ca.

www.manitoba.ca		<u>ndex.html</u> . I d	can obtain more information	on my right to	cancel this Agreement at my financial institution
Debtor Last Name:			First & Middle Name(s)		MEP File No.
Last Name of baapplicable)	ank account holder (if	not the debto	ebtor) or joint bank account holder (if		First & Middle Name(s)
These services a	are for (check one): P	ersonal Bu	usiness	Daytime Pho	ne Number:
					reement cannot be processed unless fully f needed).
Indicate if this P	PAD agreement is a:	Replace	ment of Current PAD Agre	ement(s)	Addition to Current PAD Agreement(s)
Toward on-goin	g maintenance – Co	mmencing wi	ith the regular payment due	on	I authorize
the MEP to debit	the account indicated	l below to wit	hdraw payments in accorda		nounts and due dates set out in my
maintenance ord	er in the amount of \$_			ving frequency (must check one):
NA did -	D'avant la		each payment	0 '	athle and the
Monthly	Bi-weekly	Weekly	Last day of each month	ı Semi-mo	nthly: on the & day of each month
Toward arrears	- Commencing	YYYY	//MM//DD I authorize	MEP to debit th	e account indicated below
					at the following frequency
must check one):	:		an	nount of each p	ayment
Monthly	Bi-weekly	Weekly	Last day of each month	h Semi-mo	onthly: on the &
One time Payme	ant Lauthoriza the M	ED to dobit t	he account indicated below	to withdraw a o	day of each month
		EF to debit ti	ne account indicated below	to withdraw a o	ne-time payment of
\$	on	YYYY/MM/DD			
Stan 2: Provide	your account inform	ation			
			oid cheque, you can go to S	tep 3.	
Transit Number ((5 digits)	Bank Nur	mber (3 digits) Acco	ount number	
Type of Account:	Chequing	Savings	Chequing & Savings		
Name, address a	and telephone number	of financial i	nstitution:		
Step 3: Read th	e terms on page 3, s	ign, date an	d mail or fax the complete	ed form to the	address above
	at I have read and un h <mark>e withdrawal before</mark>			page 3 of this f	orm and that I do not require advance notice of

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Date

Signature of joint account holder

(if applicable)

Signature of account holder





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ManitobaMEPinquiries@gov.mb.ca Toll free in Canada:

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Terms and Conditions

- 1. I understand the use of "I" will refer to every account holder on the specified account.
- I have made sure that every authorized signatory required to sign on the specified account has signed the Pre-Authorized Debit Agreement.
- 3. I understand this authorization is for payment of maintenance, maintenance arrears, penalties and costs as applicable.
- 4. I agree that the MEP will adjust the amount and/or the time or frequency of the withdrawal debited from the specified account in the event that my maintenance order is varied, recalculated, updated by an agreement, administrative suspension of enforcement or subject to a cost of living adjustment (COLA). I will not be notified by the MEP prior to a change in the maintenance amount, time or frequency as described in my existing or new maintenance order or agreement and I waive my right to receive pre-notification of the new amount (including any amount for an arrears balance), time or frequency of the withdrawal.
- 5. I have ensured the payment amount and frequency for on-going maintenance match the due date and amount required by my maintenance order.
- 6. I understand that if the payment due date falls on a weekend, statutory holiday or observed government closure, my debit may be withdrawn on the next business day.
- 7. I understand that the MEP will charge a \$50.00 penalty in the event of a non-negotiable payment (for example, stop payment or insufficient funds). I further understand that the MEP will <u>cancel this agreement immediately</u> and may commence enforcement action upon receiving notification of a non-negotiable payment without notice to me.
- 8. I will notify the MEP in writing, at the address or fax number indicated above, of any change to the financial information provided in this agreement a minimum of **five (5) business days before** the next scheduled debit.
- 9. I acknowledge that acceptance of this payment method is at the discretion of the MEP.
- 10. I understand that I have the right to dispute a payment withdrawn as a result of this Pre-Authorized Debit Agreement within 90 days of the date of the withdrawal. I further understand that I <u>must immediately</u> make any dispute known to the MEP by written notification to the address or fax number indicated above.
- 11. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.payments.ca.
- 12. Unless explicitly indicated in Section 1, Page 1 by checking the appropriate box for either a Replacement PAD Agreement or an Additional PAD Agreement, the acceptance of this Agreement by the MEP will cancel any previously accepted PAD Agreement(s).

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