

Edmonton Transit Service

City of Edmonton Pre-Authorized Debit (PAD)

Application Form

Mailing Address: Ride Transit Pass Program
P.O. Box 2610, Station Main
Edmonton, AB T5J 3R8

Email: etscustomerprograms@edmonton.ca

Edmonton

Customer Information

AISH Recipients Card No.

Office/Unit/Caseload No.

Date of Birth YYYY/MM/DD

First Name

Middle Name(s)

Last Name

Address: Unit No.

Street No.

Street Name

City

Province

Postal Code

Telephone Number

Mobile Number

Email Address

Pre-Authorized Debit (PAD) Agreement & Debit Authorization

IMPORTANT PLEASE READ & INCLUDE THE FOLLOWING:

- Copy of most recent AISH Health Benefits card**
- A VOID BLANK CHEQUE, or a Pre-Authorized Debit form issued by your bank**
- City of Edmonton Pre- Authorized Debit Application Form**

- I authorize the City of Edmonton to debit the bank account provided for a fixed amount for the value of the subsidized transit pass. The amount will be debited monthly on the day my AISH benefit is deposited to my bank account.
- I may revoke my authorization at any time, subject to providing notice of 7 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca
- 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.cdnpay.ca.
- I acknowledge that the transit pass is for personal use only and cannot be sold or transferred.
- I acknowledge I have read the enclosed Terms and Conditions.

Customer Signature

Joint Account Holder Signature (or Trustee)

First and Last Name (PLEASE PRINT)

Date

First and Last Name (PLEASE PRINT)

Date

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used to provide you with a subsidized Ride Transit pass and for the administration of the Ride Transit pass program for AISH recipients and dependents, and is protected by provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of personal information by this program, you may contact at ETS Programs Office at 780-496-8321.