

# EVERFOREX PAD

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT



445-6388 No. 3 Road  
Richmond, BC V6Y 0L4  
(800) 699 4816 account@everforex.ca

## 1. Bank Account Holder Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name (if applicable): \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Everforex Customer Number: \_\_\_\_\_

## 2. Bank Account Information

Financial Institution Name (FI): \_\_\_\_\_ FI Institution Number (3 digitals): \_\_\_\_\_  
Branch/Transit Number (5 digitals) - Account Number (CAD): \_\_\_\_\_ - \_\_\_\_\_  
Branch/Transit Number (5 digitals) - Account Number (USD): \_\_\_\_\_ - \_\_\_\_\_

## 3. Account Verification (for the first time only)

- a. attach a void blank cheque, or bank-printed account information sheet; **AND**
- b. fill out the section above and obtain verification from your Financial Institution as indicated:

**FINANCIAL INSTITUTION VERIFICATION** – Provide Financial Institution stamp and representative signature to ensure account information accuracy.

TELLER SIGNATURE: \_\_\_\_\_ BANK STAMP: \_\_\_\_\_  
DATE SIGNED: YYYY / MM / DD

## 4. Payment Details

One-time Payment: Select Currency: **CAD or USD** Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 5. Agreement & Authorization

By signing this form, you authorize Everforex Financial Corp. (“Everforex”) to debit the bank account designated above as per the selected payment option to fund transactions by using Everforex’ services. You may cancel this authorisation at any time by email to account@everforex.ca. You agree this PAD Agreement applies only to the method of payment used to fund you transactions at Everforex, and revocation of this PAD Agreement does not terminate any other agreement existing between you and us for use of Everforex’ services and does not relieve you of any obligation to make any owing payment to Everforex. **Please ensure your Financial Institution is advised in advance of payments. Many institutions will require notification from you prior to the first withdrawal in order to avoid declined payments on suspicion of fraudulent charges.** You understand that \$25 NSF fees will be your responsibility if the PAD payment is declined for any reason. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

## 6. Signature(s)

Bank Account Holder Signature	Date Signed (yyyy-mm-dd)	Second Account Holder Signature (required for joint accounts)	Date Signed (yyyy-mm-dd)
_____	_____	_____	_____

## 7. Submit to Everforex

Take a clear photo of this **PAD Agreement**, a **void blank cheque** and your **current valid ID**, email to [account@everforex.ca](mailto:account@everforex.ca). Further payment proof such as the screenshot of account debit record **MUST** be sent to Everforex by email. The processing time is usually 5 business days, but the funds might be on hold for 10 business days for verification purpose.

**8. Void Cheque or Bank-printed Account Information Sheet Attachment**

(Attach here)

**9. Identification Attachment**

(Attach driver's license, passport, ID card here)