



45 Spruce Street · Tillsonburg, Ontario · N4G 5C4
 Ph. 519-842-9700 · Fax 519-842-8102 · Toll Free 1-800-621-6994
 www.dodsleypropane.com · info@dodsleypropane.com

PRE-AUTHORIZED DEBIT (PAD) & CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION

TYPE OF SERVICE <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS			
SURNAME		FIRST NAME AND INITIAL	
SERVICE ADDRESS		CITY/TOWN	PROVINCE
RESIDENCE PHONE		E-MAIL ADDRESS	
POSTAL CODE			

BANK ACCOUNT/CREDIT CARD INFORMATION

ACCOUNT TYPE <input type="checkbox"/> CHEQUING <input type="checkbox"/> SAVINGS <i>(PLEASE ATTACH A VOID CHEQUE)</i>		
BRANCH TRANSIT NUMBER	FINANCIAL INSTITUTION NUMBER	DEPOSIT ACCOUNT NUMBER
FINANCIAL INSTITUTION NAME	BRANCH ADDRESS	

<input type="checkbox"/> CREDIT CARD		
VISA/MASTERCARD #	EXPIRY DATE	Card Security Code <i>(LOCATED ON BACK OF CARD)</i>
NAME ON CARD _____		

PAYMENT OPTIONS/PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PRE-AUTHORIZED DEBIT (PAD) – EQUAL PAYMENT PLAN (SEPTEMBER TO JUNE)

I/We the Payor authorize Dodsley Propane to debit the bank account or credit card number identified above for monthly recurring payments (and/or one time payments from time to time) in the amount of \$ _____ on the 20th of the month (or the next business day). This amount is subject to change with each new season with 30 days written notice to the Payor. The monthly payment will be based on your projected annual propane use.

OR

PRE-AUTHORIZED DEBIT (PAD) – FULL BALANCE CUSTOMERS

I/We the Payor authorize Dodsley Propane to debit the bank account or credit card number identified above for monthly payments (and/or one time payments from time to time) for all charges applied to my Dodsley Propane account. Payments to be processed on the due date of the 20th of the month following charges (or the next business day).

I/We the Payor may revoke authorization at any time by telephone with written confirmation subject to providing notice of 10 business days prior to next withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

SIGNATURE OF ACCOUNT HOLDER

SIGNATURE OF JOINT ACCOUNT (IF APPLICABLE)

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

DATE

DATE

When the form is complete, mail, fax or email to:

DODSLEY PROPANE

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