



PAD AGREEMENT FORM

Authorization of the Payor to Milltown Marina to Direct Debit an Account

PAYOR INFORMATION:

(Office Use) Account # _____

Name: _____

Email: _____

Phone: _____

PAYMENT INFORMATION Please Check :

I authorize a one time debit from my account in the amount of \$ _____

I authorize my account to be debited for future monthly transactions (moorage, rack storage, work bunk, electricity, etc).

Signature of Payor

Date

PAYOR FINANCIAL INSITITUTION/BANKING INFORMATION

A- Please attach a voided cheque and complete the following:

Name of Account Holder(s) (If different from above): _____

B- If you are not providing a voided cheque, please have the following information completed and confirmed by your financial institution:

Branch No.: _____ Institution No.: _____

Account No.: _____

Name(s) of Account Holder(s): _____

Financial Institution: _____

Address: _____

Telephone No: _____

Signature of Financial Institution Official

Date