

45 Sheppard Avenue East  
Suite 900  
Toronto, Ontario  
M2N 5W9



HONOURING OUR PROFESSION. EMPOWERING OUR PATIENTS.

T: 416-412-1474 | 1-866-495-4346  
F: 416-412-7297 | 1-844-495-4349  
info@doctorsontario.ca  
www.doctorsontario.ca

## Pre-Authorized Debit Agreement

Please debit my bank account: (attach VOID cheque)

I agree to pay my DoctorsOntario membership through monthly payments of \$38.00

I agree to support DoctorsOntario through monthly contributions of:

\$10.00    \$20.00    \$30.00    Other amount \$ \_\_\_\_\_

The Debit will be processed to your account on the 15th day of each month or the next business day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

This payment is made on behalf of:    an Individual    a Business

I may revoke my authorization at any time, subject to providing 30 days' written notice.

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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.cdnpya.ca](http://www.cdnpya.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.cdnpya.ca](http://www.cdnpya.ca).