

Non Public Property (NPP) Payment Deduction Authorization (PDA)

Her Majesty The Queen in right of Canada as represented by the Chief of the Defence Staff in his Non Public Property capacity through the Canadian Forces Personnel and Family Support Services (CFPFSS)

Base		NPP Outlet			Account (UIEOS)			
Last name (please PRINT)			First Name		Rank/Unit/Section		Date	
Regular Force <input type="checkbox"/>	Reserve <input type="checkbox"/>	Service N ^o /ID N ^o		OTHER -Specify	NPF Employee <input type="checkbox"/>	PRI Number / SIN if civilian	NPF Passport Number (ME)	
Address			City			Province	Postal Code	
Telephone (home) () ()		Telephone (business) () ()		Email address		Date of Birth (Month/Day/Year)		
Credit Card Number			Expiry Date (Month/Year)		CREDIT CARD TYPE - MASTERCARD / VISA / AMERICAN EXPRESS			
Sub Total		PST/GST-HST		Total		Less Down Payment		Total Deduction Amount
Down Payment		Cash <input type="checkbox"/>	Debit/Credit Card <input type="checkbox"/>	Cheque <input type="checkbox"/>	Amount of monthly Payment x # of Monthly Payments = Total Payment			
These products and/or services are for (check one) Personal <input type="checkbox"/> Business Use <input type="checkbox"/>								
NPP PDA Plan	Pre-Authorized Debit (PAD) One payment per month on the 15 th or 30 th (Provide bank information below)		15 th <input type="checkbox"/>	30 th <input type="checkbox"/>	Military Pay Deduction (Regular Force only) <input type="checkbox"/>	NPF Pay Deduction (full time Employees only) <input type="checkbox"/>	Credit Card One payment per month on 30 th (Provide credit card info or "same as above") <input type="checkbox"/>	
Option 1 <input type="checkbox"/> Indefinite Term & Value Fee's subject to annual rate review			Month & Year of First Withdrawal: Month _____ Year _____			Monthly PDA Payment		
I hereby agree to pay the monthly PDA payment commencing the month specified herein, until such time as I advise CFPFSS in writing to cease such payment. I have read and understand the terms and conditions of this contract.								
Customer's signature								
Option 2 <input type="checkbox"/> Fixed Term & Value		Month & Year of First Withdrawal: Month : _____ Year : _____		Month & Year of Last Withdrawal: Month : _____ Year : _____		Monthly PDA Payment Prélèvement mensuel	Total Contract Value Montant total du contrat	
I hereby agree to pay the monthly PDA payment commencing the month and year specified herein and monthly thereafter up to and including the last month in the year specified. I have read and understand the terms and conditions of this contract.								
Customer's signature/Signature du client								
PRE-AUTHORIZATION FOR MONTHLY DEBIT								
I hereby authorize CFPFSS to draw a monthly debit from my account, payable to CFPFSS, for payment to the NPP Outlet identified above. It is agreed that your treatment of each debit and your rights with respect to it shall be the same as if it were authorized by the undersigned and that the failure to pay any such debit shall give rise to no liability on your part. This authorization may be revoked on ten days written notice by the undersigned. 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 Reimbursement Claim form, or for more information on your recourse rights contact your financial institution or visit www.cdnnpay.ca .								
Bank Information (Must attach Blank Cheque marked VOID)								
Financial Institution		Address			City	Province	Postal Code	
Branch N ^o		Institution N ^o			Account N ^o			
STAPLE VOID CHEQUE HERE Void cheque may cover BANK information, but please make sure customer signature at the bottom is showing for photo copy. Bottom of VOID CHEQUE not to go below this line.								
Customer's signature _____ Date _____					NPF Staff Signature SEE OVER			

TERMS AND CONDITIONS

Promise to pay: You promise to pay the amount of the contract according to your payment schedule. **See Note:**

Title: Responsibility for this debt is not transferable.

Location: If you move from the address shown on the reverse side, you must notify CFPFSS of your new address without delay.

Default: You will be considered in default under the terms of this contract if any of these conditions apply:

1. you fail to make any payment on time;
2. you fail to meet any promise you have made in this contract;
3. you become insolvent or bankrupt;
4. payment is returned for insufficient funds or any other reason.

Remedies: If you are in default under this contract, CFPFSS has certain legal remedies available. CFPFSS may, in addition to any other remedy available at law,

1. demand that the full balance owing be paid immediately;
2. charge the outstanding balance to your credit card;
3. commence legal proceedings for recovery of the balance owing;
4. sell this contract to a financial institution; or
5. deduct the outstanding amount directly from your pay, if you are an NPF employee.

Insufficient Funds Charge: A service charge will apply in the event a pre-authorized debit (PAD) is refused due to insufficient funds, or any other reason. The amount of the PAD, plus the service charge, may be debited to your credit card or bank account.

NPF Employees: At the time employment with the Staff of the Non-Public Funds, Canadian Forces ceases, the remaining balance on this Contract must be paid in full. The amount owing will be deducted from the employee’s final NPF pay cheque. If the amount owing is greater than the employee’s final NPF pay cheque, then the residual amount is to be charged to the employee’s valid credit card.

Applicable Law: Any part of this contract which is contrary to the laws of any province shall be severable and not invalidate the other parts of this contract. This contract shall be construed in accordance with the laws of Canada and the province in which it is signed.

Credit Reporting: By signing this contract you authorize and consent to the receipt and exchange of credit and related information by CFPFSS with any credit reporting agency, credit bureau or any person or corporation with whom you have or may have financial relations. This authorization shall, until withdrawn, be continuing for the duration of this contract.

Pre-Authorized Debit: You are required to inform CFPFSS, in writing, of any change in the account information provided on the front page prior to the next due date of the payment.

Note:

In circumstances where this is a voluntary payment such as a charitable donation, “Terms and Conditions” are not binding and “Insufficient Funds Charges” are not applicable.

Note: Payment Deduction Authorization (PDA) inquiries should be directed to your local NPF Accounting Office or the National Accounts Receivable Office – P.O. Box 338, Borden On. L0M 1C0, Email: NARO1@cfpsa.com , Fax # (705) 423-2564, Phone # (Toll free) 1(866) 930-1799.

I have read and understand the above terms and conditions of this contract.

Customer Signature

Date _____

NPF Staff Signature

Date _____