



Client Pre-Authorized Payment (PAP) Form

Use this form to

Start authorized debit payments



Change information previously submitted.

Effective date: YYYY / MM / DD

Contact Information

Borrower Name: _____

Mailing Address: _____

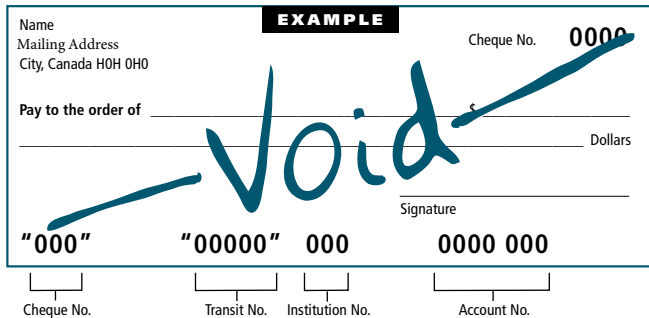
Email Address: _____ Phone: _____

Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it. Write void across the front.



For accounts without cheques, have your bank complete the following:



Name of bank or other financial institution: _____

Address of branch where account is held: _____

Transit No.: _____ Institution No.: _____

Account No.: _____

Account Holder Name: _____ Teller Stamp: _____

Authorize Electronic Payments

I authorize the Department of Growth and Development to debit the bank account identified above for the payment of funds owed by me to the Province of Nova Scotia. The Department will withdraw the payment from the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may reject or be taken from an incorrect account and may be subject to additional administration fees.

Office Use Only

Authorized signature: _____

Collector Name: _____

Printed name: _____

Date Entered: _____

Questions?
Call 1-844-424-5110

Date: YYYY / MM / DD