

Edmonton Transit Service

Ride Transit Pass Pre-Authorized Debit (PAD)

Application Form

Or for **quicker processing**, email your forms to:
etscustomerprograms@edmonton.ca

Mail to: Ride Transit Pass Program
P.O. Box 2610, Station Main
Edmonton, AB T5J 3R8

Edmonton

All Applicants must be enrolled in the Leisure Access & Ride Transit programs before applying for Ride Transit pre-authorized debit.

Customer Information

First Name	Last Name	Member Barcode	Date of Birth (MM/DD/YYYY)

Unit No. Street No. Street Name City Province Postal Code AISH ID # (if applicable)

Telephone Number Mobile Number Email Address

Pre-Authorized Debit (PAD) Agreement & Debit Authorization

IMPORTANT PLEASE READ & INCLUDE A COPY OF THE FOLLOWING:

- A VOID CHEQUE or Pre-Authorized Debit Agreement (PAD) form issued by your bank
- Ride Transit Auto-Debit Form filled and signed by you or your guardian/private trustee
- Government-issued ID or copy of most recent AISH health benefit card (if AISH recipient only)

- I authorize the City of Edmonton to debit the bank account provided for a fixed amount for the value of the subsidized transit pass. The withdrawal date will fall on the first of the month prior to the pass month. If the first of the month is a holiday or weekend, the debit will fall on the last business day of the previous month.
- I may revoke my authorization at any time, subject to providing notice of 10 days to the Ride Transit Program office. 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.cdnpay.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.cdnpay.ca.
- I acknowledge that the transit pass is for personal use only and cannot be sold or transferred.
- I acknowledge I have read and agree to the enclosed Terms and Conditions.

Main Applicant Signature

Joint Account Holder Signature (if applicable)

First and Last Name (PLEASE PRINT)

Date

First and Last Name (PLEASE PRINT)

Date