



## Pre-Authorized Debit (PAD) Reimbursement Claim

I/We, \_\_\_\_\_ (the PAYOR) declare, with reference  
to a pre-authorized debit (PAD) of \$ \_\_\_\_\_ drawn in favour of UFA Co-operative Limited (the PAYEE) drawn in  
favour of UFA Co-operative Limited (the PAYEE) on my/our account number \_\_\_\_\_ on  
\_\_\_\_\_  
(Account Number)  
that was made for business/personal reasons(the PAD) that:  
\_\_\_\_\_  
(Withdrawal Date)

1. The PAD was not processed in accordance with my/our Payor's PAD Agreement;

OR:

2. My/Our Payor's PAD Agreement was cancelled/revoked and notice of such cancellation/revocation was provided to  
the PAYEE \_\_\_\_\_ business days prior to the due date of the PAD;

OR:

3. Pre-notification/Confirmation:

Confirmation of the electronic Payor's PAD Agreement was not at least 3 days before the first PAD;

OR:

4. I/We have no Payor's PAD Agreement or other agreement for PADs with the PAYEE and never authorized the PAYEE to  
draw the PAD.

I/We have not received any reimbursement from the Payee for the PAD.

I/We permit \_\_\_\_\_ to provide this form of

(Payor's Processing Member name)

Reimbursement Claim to the PAYEE and to the financial institution acting on behalf of the PAYEE for their records.

Signed:

Date:

Payor/Valid Signing Authority(ies)

Where the Payor's account agreement with its Processing Member requires the signature of two or more signing authorities,  
Authorizations by all such persons are required for the purposes of this Reimbursement Claim.

Signed:

Date:

Processing Member Representative

Please provide this Reimbursement Claim Form to:

Attention: Accounts Receivable

UFA Co-operative Limited

700 – 4838 Richard Road S. W., Calgary, AB T3E 6L1

OR

Email: [accounts.receivable@ufa.com](mailto:accounts.receivable@ufa.com) or FAX: 403-570-4009