

Pre-Authorized Debit Agreement Payor's PAD Agreement

Payor's Account Information

| | | | |
|--|-----------------|-------------|--------------------------------|
| Last and first names of account holders | | | Phone No. |
| Address (street, city, province/territory) | | | Postal code |
| Name of financial institution | Institution No. | Transit No. | Account No. (with check digit) |

Payee's Contact Information

| | | | |
|--|---------------------------------|-------------|-----------|
| Name of organization | Email address or contact person | | |
| Address (street, city, province/territory) | | Postal code | Phone No. |

Withdrawal Authorization

I, the undersigned (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make pre-authorized debits (PADs) from my account with the aforementioned financial institution, at the following interval:

weekly every 2 weeks twice monthly monthly

other (please specify the event or frequency) _____

Each withdrawal will correspond to:

A variable amount, which the Payee must inform me of in writing at least 10 days before the due date.

A fixed amount of \$_____, which may be modified without any further authorization on my part, provided that the Payee notifies me in writing at least 10 days before the due date of the payment. No notice will be sent if the amount is reduced due to a change in tax rates.

For the following service: _____

Which together constitute a: personal PAD business PAD

Waiver:

I hereby waive the aforementioned written notice of 10 days.

I have received a copy of this Agreement and waive all other confirmation before the first payment.

Changes or cancellation:

I will inform the Payee, in a timely manner, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of ____ days (maximum 30 calendar days). I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, by contacting my financial institution or by visiting the Payments Canada website at payments.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution where my account is held is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that providing the Payee with this authorization is the same as providing it to the above-mentioned financial institution.

Reimbursement

I have certain recourse rights if a debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit payments.ca.

The financial institution will reimburse me, on behalf of the payee, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a personal PAD and within 10 business days for a business PAD, provided that the reimbursement is claimed for a valid reason.

I understand that I must file a claim with my financial institution according to the procedure it provides me.

Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and the payee, without any liability or commitment from my financial institution.

Consent to Disclosure of Information

I hereby consent to the disclosure of the information contained in my Pre-Authorized Debit Agreement to the financial institution, provided such information is directly related to and required for the application of the rules for pre-authorized debits.

Signatures of Account Holders

X _____
Signature of account holder Date (YYYY-MM-DD)

X _____
Signature of second account holder
(only if 2 signatures are required) Date (YYYY-MM-DD)

 **IMPORTANT: Attach a personal cheque marked "VOID" to prevent transcription errors. If you change your account or your financial institution, please advise the Payee.**