



Payor's PAD Agreement

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf. Go to Section E, Appendix 2, Transaction Types.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder Name(s) (the "Payor")		MEMBER NAME	
Address (street, city, province, postal code)			
MEMBER ADDRESS			
Email Address		OPTIONAL	
Phone No.			
Payee Name (the "Payee")		<input type="checkbox"/> same as Payor	
Address (street, city, province, postal code)			
LEAVE BLANK			
Email Address		Phone No.	

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA Transaction Type Code	Payment Type (Choose one only.)		Payor Financial Institution Name and Address (the "Processing Institution")		
		<input checked="" type="checkbox"/> Personal PAD	<input type="checkbox"/> Business PAD	* FROM VOID CHEQUE #.		
		<input type="checkbox"/> Funds Transfer PAD				
Amount of Payment		Dates		Payor Account (The Payor's account at the Processing Institution; the "Account".)		
<input checked="" type="checkbox"/> Fixed		<input type="checkbox"/> Weekly beginning		Institution No. Branch ID Account No.		
\$ 5.50 or 10.83		<input type="checkbox"/> Bi-weekly beginning		0		
<input type="checkbox"/> Variable (Maximum Amount):		<input checked="" type="checkbox"/> Monthly beginning		Payee Account (Payee's account for credit — complete if known.)		
		<input type="checkbox"/> Other*		Institution No. Branch ID Account No.		
		<input type="checkbox"/> Sporadic		0		

*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.

AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

<input checked="" type="checkbox"/> MEMBER SIGNATURE	Date
Payor Signature	Date
<input checked="" type="checkbox"/>	Date
Payor Signature	Date

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS.)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

<input checked="" type="checkbox"/> MEMBER SIGNATURE	<input checked="" type="checkbox"/>
Payor Signature	Payor Signature

CANCEL PAYMENT (____ days notice is required before the next PAD will be issued. Cannot exceed 30 days.)

The Payor hereby cancels this Payor's PAD Agreement effective:

<input checked="" type="checkbox"/>	Date
Payor Signature	Date
<input checked="" type="checkbox"/>	Date
Payor Signature	Date

LEAVE BLANK