



INSTRUCTIONS

1. The payee will retain the agreement for at least 12 months after it is terminated.
2. The Payee can obtain the transaction type code from the CAP website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf Scroll down to Appendix 2, Transaction Types.
3. The payee inserts the number of business days required to cancel a payment in the 'Cancel Payment' Section.

PAYOR/PAYEE INFORMATION

Account Holder(s) Name(s) and Address(es) (the "Payor")

NAME : _____
 ADDRESS : _____
 CITY : _____ PROVINCE : _____ POSTAL CODE : _____
 PHONE : _____ EMAIL : _____

Payee Name and Address (the "Payee") as Payor

NAME : _____
 ADDRESS : _____
 CITY : _____ PROVINCE : _____ POSTAL CODE : _____
 PHONE : _____ EMAIL : _____

PAYMENT DETAILS Specimen cheque marked "VOID" attached

DESCRIPTION OF PAD (optional)	CPA TRANSACTION TYPE	PAYMENT TYPE (choose one only) <input type="checkbox"/> Personal PAD <input type="checkbox"/> Funds Transfer PAD <input type="checkbox"/> Business Pad	PAYOR ACCOUNT		
			Institution	Branch I.D	Account NO
AMOUNT OF PAYMENT <input type="checkbox"/> Fixed: \$ _____ <input type="checkbox"/> Variable: Maximum Amount \$ _____		DATES <input type="checkbox"/> Weekly beginning <input type="checkbox"/> Bi-weekly beginning <input type="checkbox"/> Monthly beginning <input type="checkbox"/> Sporadic <input type="checkbox"/> Other (specify intervals) <input type="checkbox"/> Other (specify set dates)	PAYOR FINACIAL INSTITUTION - NAME AND ADDRESS (the " Processing institution)		
TOP UPS/ADJUSTMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO			PAYEE ACCOUNT (payee's account for credit - complete if known)		

AUTHORIZATION

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

Conditions on page 2 acknowledge 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 Authorization

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

X _____
 Payor Signature Date
 X _____
 Payor Signature Date

Note. If only one signature is required for the account, then only one Payor need sign. However. If two or more signatures are required, then both or all Payors must sign

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting.

X _____ X _____
 Payor Signature Payor Signature

CANCEL PAYMENT(____ BUSINESS DAYS' NO TICE BEFORE THE NEXT PAD WILL BE ISSUED. IS REQUIRED)

The Payor hereby cancels this Payor's PAD Agreement effective: _____
 X _____
 Payor Signature Date
 X _____
 Payor Signature Date