

Payor Information / Account to be Debited (the "Account")

Account Holder (First & Last Name or Business name) : _____

Address: _____ Telephone no.: _____

Account Co-holder (as applicable): _____

Address: _____ Telephone no. : _____

Transit (#####): _____ Institution (###): _____ Account No.: _____

or account to be opened specifically for the purpose of paying the Credit Facility mentioned below

Name of financial institution: _____

Address of financial institution: _____

Payee Information / Account or loan to be Credited (the "Credit Facility")Financial Institution: **National Bank of Canada**Telephone no: **1-866-444-1379**Address: **500 place d'Armes 22nd Fl, Montreal, QC H2Y 2W3**Fax no: **1-888-307-2997**

Credit Facility Holder (First & Last Name or Business name) : _____

Transit (#####): _____ Institution: **006** Credit Facility No.: _____**Authorizations****Payment Amount**

I authorize the financial institution of the Payee identified above to debit the Account:

 a fixed amount of \$ _____ or the amount required to close the Credit Facility
or a variable amount to cover the periodic payments as they become due under the Credit Facility number indicated above.

I also authorize the financial institution identified above to debit the Account any related administration fees.

Payment Frequency weekly biweekly monthly one time other: _____**PAD Type:** for personal purposes business purposes fund transfer purposes

I waive my right to receive a notice indicating the amount to be debited from the Account and the date of the debit 10 days before the date of the first scheduled PAD. I also waive my right to receive a written notice 10 days prior to each change to the amount or debit date.

This authorization may be revoked at any time with a 30 day prior written notice. To obtain a cancellation form or for further information on the right to cancel a PAD, I may contact the payee or visit www.cdnpay.ca.If a debit does not comply with these authorizations, certain recourse rights are available. For example, if any debit is not authorized or is inconsistent with this authorization, I may be refunded. For more information on recourse rights, I may contact the payee or visit www.cdnpay.ca.

I certify that all persons required to sign on the Account have signed this authorization and have agreed to provide a sample void cheque. I consent to the exchange of personal information between the financial institutions described above for the purposes of giving effect to this PAD Agreement.

Signature of Payor account holder
or the authorized representative_____
Signature of Payor account Co-holder
or the authorized representative_____
Name of Payor or the authorized representative (please print)_____
Name of Account Co-holder (please print)_____
Date_____
Date