

## 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 Payments Canada website:  
<https://www.payments.ca/sites/default/files/standard005eng.pdf>. Go to Section D, Appendix 2, Transaction Types.

<b>PAYOR INFORMATION (mandatory)</b>	
Account Holder Name(s) (the "Payor")	Address ( <i>street, city, province, postal code</i> )
Email Address	Phone No.
<b>PAYEE INFORMATION</b>	
Payee Name (the "Payee")	Address ( <i>street, city, province, postal code</i> )
<b>PEOPLES BANK OF CANADA</b>	<b>Suite 1400 - 888 Dunsmuir Street, Vancouver, BC, V6C 3K4</b>
Email Address ( <i>if applicable</i> ) <a href="mailto:peoples@peoplesbank.ca">peoples@peoplesbank.ca</a>	Phone No. <b>(604) 683-2881</b>

**PAYMENT DETAILS**    **Specimen cheque marked "VOID" attached.** (*Payee requests a voided cheque for the Account to establish the pre-authorized payment plan.*)

Payment Type ( <i>choose one only</i> )	Payor Financial Institution						
<input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD	Payor Financial Institution Name (the "Processing Institution"):						
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">Amount of Payment</th> <th style="width: 50%; padding: 2px;">Dates</th> </tr> <tr> <td style="padding: 2px; vertical-align: top;"> <input type="checkbox"/> Variable   <input type="checkbox"/> Fixed Amount:            _____         </td> <td style="padding: 2px; vertical-align: top;"> <input type="checkbox"/> Weekly beginning _____  <input type="checkbox"/> Bi-weekly beginning _____  <input type="checkbox"/> Monthly beginning _____            _____  <input type="checkbox"/> Other* _____            _____  <input type="checkbox"/> Sporadic* _____         </td> </tr> </table>	Amount of Payment	Dates	<input type="checkbox"/> Variable  <input type="checkbox"/> Fixed Amount: _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Monthly beginning _____ _____ <input type="checkbox"/> Other* _____ _____ <input type="checkbox"/> Sporadic* _____	Processing Institution's Address ( <i>street, city, province, postal code</i> ):		
Amount of Payment	Dates						
<input type="checkbox"/> Variable  <input type="checkbox"/> Fixed Amount: _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Monthly beginning _____ _____ <input type="checkbox"/> Other* _____ _____ <input type="checkbox"/> Sporadic* _____						
Payor Account (The Payor's account at the Processing Institution; the "Account")							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; padding: 2px;">Institution No.</th> <th style="width: 33%; padding: 2px;">Transit No.</th> <th style="width: 33%; padding: 2px;">Account No.</th> </tr> <tr> <td style="padding: 2px; text-align: center;">0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>		Institution No.	Transit No.	Account No.	0		
Institution No.	Transit No.	Account No.					
0							

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

### TERMS AND CONDITIONS

Payor authorizes the Payee to debit the Account for payments of the amounts arising under or pursuant to Payor's agreement(s) with Payee, including fee payments and funds remittance. The payment amount is specified above at "Amount of Payment". Payments will be debited from the Account on the dates set forth above at "Dates". Payor further grants Payee the authority to debit the Account for one-time or sporadic payments issued against the Account for payment of a specified amount in accordance with Payor's instructions. Payor agrees that, where the payment frequency is sporadic, a password or secret code or other electronic signature equivalent will be issued and, when used, will constitute valid authorization for Payee to debit the Account.

**Payor hereby agrees to waive pre-notification of (a) the date and the amount of the first PAD to be debited from the Account, (b) each PAD (in the case of variable amount payments) and (c) any changes in the amount of a PAD.**

Payor may cancel this PAD authorization by providing Payee with at least fifteen (15) days written notice before the next debit is scheduled from the Account. Payor may obtain a sample cancellation form, or further information on Payor's right to cancel this PAD agreement, at Payor's financial institution or by visiting [www.payments.ca](http://www.payments.ca). Payor has certain recourse rights if any debit does not comply with this agreement. For example, Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on Payor's recourse rights, Payor may contact Payor's financial institution or visit [www.payments.ca](http://www.payments.ca). Termination by Payor of this PAD authorization shall not terminate Payor's obligations to Payee and upon any such termination Payor must make payments owing under agreement(s) with Payee using another payment method acceptable to Payee.

Payor will provide the Payee with written notice, prior to the next scheduled PAD, of any change in the Account information.

Province of Quebec Only. It is the express wish of the parties that this agreement and any related documents be drawn up and executed in English. *Les parties conviennent que la présente autorisation et tous les documents s'y attachant soient rédigés et signés en anglais.*

By signing this agreement, the Payor acknowledges having read and received a copy of this PAD agreement, acknowledges understanding the terms and conditions of this PAD agreement, and agrees to be bound by the terms and conditions of this PAD agreement.

Payor represents and warrants that the person(s) whose signature(s) are required to sign on the Account have signed this PAD agreement. **If only 1 signature is required for the Account, then only 1 Payor need sign. If more than 1 signature is required, all authorized signatories of Payor must sign.**

**X**

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Payor Signature	Date
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**X**

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Payor Signature	Date
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