



PAYOR INFORMATION (mandatory)	
Account Holder Name(s) (the "Payor")	Address (<i>street, city, province, postal code</i>)
Email Address	Phone No.
PAYEE INFORMATION	
Payee Name (the "Payee") PEOPLES BANK OF CANADA	Address (<i>street, city, province, postal code</i>) Suite 1400 - 888 Dunsmuir Street, Vancouver, BC, V6C 3K4
Email Address (<i>if applicable</i>) requests@service.peoplesgroup.com	Phone No. (604) 683-2881

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 border="1"> <tr> <th>Amount of Payment</th> <th>Dates</th> </tr> <tr> <td> <input type="checkbox"/> Variable: <input type="checkbox"/> Fixed: _____ </td> <td> <input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Weekly accelerated beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Bi-weekly accelerated beginning _____ <input type="checkbox"/> Semi-monthly 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: _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Weekly accelerated beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Bi-weekly accelerated beginning _____ <input type="checkbox"/> Semi-monthly 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>):		
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		Payor Account (Payor's account at Processing Institution; the "Account")						
		<i>Institution No.</i>	<i>Transit No.</i>	<i>Account No.</i>				
		0						

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

To avoid any delays to the closing of Payor's real estate transaction, if applicable, Payor must submit any desired changes to the payment frequency set out in this PAD agreement no later than five (5) business days prior to the closing date. Changes can also be requested immediately after the closing by providing written notice to Payee.

TERMS AND CONDITIONS

Payor authorizes 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 and, more specifically, the payment of mortgage/loan installments due and/or property taxes coming due. 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 acknowledges that provision and delivery of this PAD agreement to Payee constitutes delivery by Payor to Processing Institution.

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 agreement 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. 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. Payee may also cancel this PAD agreement with Payor's consent or by providing Payor with at least thirty (30) days' prior written notice. Termination by Payor or Payee of this PAD agreement shall not terminate any other agreement(s) between Payor and Payee nor any of Payor's obligations to Payee pursuant thereto, including (for certainty) any fee payable to Payee that is applicable to a late or missed payment resulting from such termination; upon any such termination, Payor must make payments owing under such agreement(s) with Payee using another payment method acceptable to Payee. Payor's authorization pursuant to this PAD agreement applies only to the method of payment and does not otherwise have any bearing on any other agreement(s) between Payor and Payee. Payor hereby acknowledges its understanding, acceptance, and participation in a PAD plan.

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

Province of Quebec Only. This English-language PAD agreement is attached to a French version. By executing this English-language version of the PAD agreement, you confirm that: (a) the French version of this PAD agreement has been provided to you, (b) it is your express wish to be bound only by the English version of this PAD agreement, and (c) all related documents and communications made to you under this PAD agreement be provided to you in English only. *Cette version anglaise de l'accord de DPA est jointe à la version française du même accord. En signant cette version anglaise de l'accord de DPA, vous confirmez ce qui suit : a) la version française de l'accord de DPA vous a été fournie; b) vous souhaitez expressément n'être lié que par la version anglaise de l'accord de DPA; c) tous les documents connexes et toutes les communications qui vous sont adressés dans le cadre de l'accord de DPA ne vous seront fournis qu'en anglais.*

By signing this agreement, 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 hereby consents to the disclosure of any personal information that may be contained on this PAD agreement to Payee, but only as far as any such disclosure of any personal information is directly related to and necessary for the proper application and processing of the PAD.

Payor represents and warrants that the person(s) whose signature(s) are required to sign on the Account have signed this PAD agreement, and that such person(s) has the authority under the terms of Payor's Account agreement to authorize these debits. **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

Payor Signature Date

X

Payor Signature Date