

1. Bank Account Owner Information (Please Print Clearly. Thank You.)

Name:	Contract Number:
Complete Address:	Telephone:

2. Bank Account Information (Please attach a sample void cheque)

Branch Transit # (5-Digits)	Financial Institution # (3-Digits)	Bank Account #	Initial Debit Amount:
Financial Institution Name & Address:			

3. Pre-Authorized Debit (PAD) Details: All payments are for Business Use Personal Use

In order to verify your account and to permit debits from your account, please attach your cheque unsigned and marked VOID.

You authorize us to debit your above bank account *the payments and all other charges due under the above noted Contract* beginning (date) and continuing (frequency) until all amounts payable under your above noted Contract are paid in full or this authorization is revoked.

- If this authorization relates to a variable payment Contract, you acknowledge that the payment amount may vary in accordance with the terms of the Contract and you authorize us to debit your account in such changed amount(s).
- If the payment includes any monthly insurance premium(s) payment (including applicable tax on such premium(s)), you acknowledge that the payment amount may vary in accordance with any change in the amount of the insurance premium(s) or any change in the tax rate(s) applicable to the monthly insurance premium and you authorize us to debit your account in such changed amount(s).
- If this authorization relates to a Lease Contract, you acknowledge that the payment amount may vary in accordance with any change in the tax rate(s) applicable to the Contract payment and you authorize us to debit your account in such changed amount(s).

By signing below, you are authorizing us to debit your designated account at your financial institution for each Contract payment. You also agree that any renewal, amendment, or adjustment of the Contract will result in an automatic adjustment of the payment amount and you authorize us to debit your account in such adjusted amount(s). **By signing below, you waive your right to prior notice of any debit and of any adjustment to the payment amount or change to the payment date, subject to applicable law.**

This authorization will continue until the Contract is paid in full or this authorization is revoked.

When you give us this authorization to debit your account, it is the same as delivering a notice to your financial institution where you maintain your account. Your financial institution will debit the account you specify in the same manner as if you had given written instructions. The financial institution listed will not check if the debit was in accordance with this authorization nor verify that we have fulfilled the purpose of the debit as a condition to honouring the debit.

You are responsible for letting us know if there are any changes to the account information for this pre-authorized debit. Changes must be submitted to us in writing at least 15 business days prior to the next payment date. You will provide us with another authorization if we require.

You may cancel this authorization at any time by providing us with no less than 15 business days prior notice. You may obtain a sample cancellation form or further information on your right to cancel this authorization, at your financial institution where you maintain your account or by visiting www.payments.ca.

You have certain recourse rights if any debit does not comply with this authorization. For example, you have the right to reimbursement for any debit that is not authorized or is not consistent with this authorization. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.

We are not responsible to notify you if the pre-authorized payment was reversed due to insufficient funds or changes in the designated account status. You are responsible for any charges that arise from this situation and to ensure that the required payment is made through an alternative method. You must contact us to arrange coverage of any missed payments.

You warrant that all persons whose signatures are required to sign on the designated account have signed this authorization or a separate authorization.

You may contact us at the numbers and email address given below to provide notices, make enquiries, obtain information, or seek recourse with respect to any debits under this authorization.

For joint accounts, all authorized account signatories must sign if more than one signature is required on cheques issued against the account.

Name and Signature of Account Holder / Date:	Name and Signature of Account Holder / Date: (if applicable):
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Customer Service Telephone: (866) 986-6738 / E-mail: client.service@meridianonecap.ca