

Pre-Authorized Debit (PAD) Agreement

1. "Payor" Information

Name:		Date:	dd	mm	yyyy
Address:					
City:	Prov:	Postal Code:			
Telephone:	Fax:				

2. Bank Account Information

Indicate (with an X) the type of account being debited: Chequing Savings

Copy of **Void Cheque** required Attached

Financial Institution:

Bank Name				
Branch Address:				
City:	Prov:	Postal Code:		

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Harvard the "Payee", to debit the bank account identified above for:

Amount: \$ _____
 Frequency: the **1st day of every month**, or next business day
 Start date: 1 / /
dd mm yyyy

These services are for: Business (Lease Payments) Personal

You, the Payor, may revoke your authorization at any time in writing subject to providing 10 days written notice to the Payee. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: x _____ Name: _____ <small style="margin-left: 20px;">please print clearly</small> Date: _____ <small style="margin-left: 20px;">dd mm yyyy</small>	Signature of joint Account Holder: (if applicable) x _____ Name: _____ <small style="margin-left: 20px;">please print clearly</small> Date: _____ <small style="margin-left: 20px;">dd mm yyyy</small>
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You have certain rights if any debit does not comply with this agreement. For example, you have 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When this form is complete, mail to:

Harvard evelopment
 590 - 201 Portage Avenue
 Winnipeg, MB R3B 3K6
 Tel: (204)988-1066 Fax: (204)947-2580

Operation

I/We the "Payor" understand and undertake that:

- a) this authorization is for the benefit of the Payee's financial institution, as well as where I/we have my/our bank account. My/Our financial institution agrees to process the debits against my/our account in accordance with the rules of the Canadian Payments Association;
- b) giving this authorization to the Payee's financial institution is the same as giving it my my/our financial institution;
- c) my/our financial institution is not required to verify that the Pre-Authorized Debit conforms with my/our authorization;
- d) my/our financial institution is not required to verify that the purpose of payment to which this Pre-Authorized Debit relates has been fulfilled;
- e) revoking this authorization does not terminate my/our contract for goods or services with the Payee. My/Our authorization applies only to the method of payment and has no bearing otherwise on the contract;
- f) I/We waive all notification rights knowing that I am entitled to receive notice from the Payee no less than 10 days in advance:
 - (i) in the case of fixed amount Pre-Authorized Debit, before the due date of the first Pre-Authorized Debit and every time there is a change ; or
 - (ii) in the case of a variable amount Pre-Authorized Debit, before every Pre-Authorized Debit;
- g) I/We have ensured that my/our financial institution will accept one-time or recurring deposit transfers;
- h) I/We agree that the information contained in this authorization may be disclosed to the Payee's financial institution as required to complete any Pre-Authorized Debit transaction.

The Account

I/We confirm that:

- a) all persons whose signatures are required to authorize withdrawals from the account have signed this authorization and that all persons signing this authorization are authorized signing officers and are empowered to enter into this agreement;
- b) I/We will inform the Payee in writing of any change to the account information at least 10 days prior to the next due date for the Pre-Authorized Debit.

Cancellation

I/We may cancel this authorization at any time. In doing so, I/we must advise the Payee of this revocation 10 days prior to the next debit due date.

Dispute and Reimbursement

I/We understand that:

- a) I/We may dispute a Pre-Authorized Debit and may claim for reimbursement if:
 - (i) the Pre-Authorized Debit was not drawn in accordance with this authorization; or
 - (ii) the authorization was revoked; or
 - (ii) no authorization agreement and/or authorization was given.
- b) If claiming reimbursement, I/we must, within 10 days of the date of the posting of the Pre-Authorized Debit, complete a declaration to my/our financial institution that I/we have a claim for one of the reasons given in the preceding paragraph;
- c) Any claim relating to a Pre-Authorized Debit which is advanced after the expiry of the time in the preceding paragraph is strictly a matter between me/us and the Payee's financial institution.