

THE EQUITABLE TRUST COMPANY

Pre-Authorized Debit Authorization Form

RE: BORROWER(S) NAME(S): _____

BORROWER(S) ADDRESS: _____

MORTGAGE NUMBER (if known): _____ Type of Service: Personal Business

TO: THE EQUITABLE TRUST COMPANY ("Equitable Trust")

AND TO: Borrower(s) Financial Institution or Bank or Trust Company (the "Bank")

Name of Financial Institution: _____

Branch Address: _____

City, Province: _____

Branch Transit No.: _____ Account No.: _____

1. This Authorization is for the benefit of Equitable Trust and my/our Bank and is provided in consideration of my/our Bank agreeing to process debits against my/our account in accordance with the rules of the Canadian Payments Association.
2. I/We authorize Equitable Trust to withdraw my/our regular mortgage payment (each a "regular payment") from the bank account identified above.
3. I/We acknowledge that regular payments for the full amount of services delivered by Equitable Trust will be debited to my/our specified account on the basis and frequency as set out in the documents I/we have received in connection with my/our mortgage.
4. I/we understand that I/we will receive written notification of the amount of the regular payment to be debited and the date of debiting at least ten (10) calendar days before the due date of the first debit, and such notice shall be received every time there is a change in the amount of the regular payment or payment date(s).
5. **Notwithstanding the foregoing, I/we waive the right to receive ten (10) calendar days notice as it may not be feasible for Equitable Trust to do so given the time between the change and my/our next payment date. I/we also waive this notification for debits that are in response to my direct action including but not limited to a telephone instruction.**
6. Equitable Trust may, in their sole and arbitrary discretion, upon any renewal, extension or amendment of the mortgage, debit the above account for a higher or lower regular payment based on the terms of the renewal agreement or conversion agreement.
7. I/we acknowledge that if there are insufficient funds on deposit in the account at the time that the debit is made by or on behalf of Equitable Trust, the insufficiency shall be deemed by Equitable Trust to be non-payment of the regular payment for the particular period. In addition, the undersigned acknowledges and agrees that if any service fees or charges are incurred because there are insufficient funds on deposit, such fees or charges shall be payable by the undersigned.



8. This Authorization may be cancelled at any time upon twenty (20) days written notice being provided by me/us with proper identification to verify my/our identity to Equitable Trust. To obtain a sample cancellation form, or for more information on my right to cancel this Authorization, I/we may contact my/our Bank or visit www.cdnpay.ca.
9. I/We acknowledge that my/our providing and delivering this Authorization to Equitable Trust constitutes delivery by me/us to my/our Bank. Any delivery of this Authorization to Equitable Trust constitutes delivery by me/us.
10. I/We acknowledge that I/we have certain recourse rights if any debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact our Bank or visit www.cdnpay.ca.
11. I/We are all the persons who signature(s) is/are required to sign on the above account. The account that Equitable Trust is authorized to draw upon is indicated above. A specimen cheque for this account has been marked "VOID" and attached to this Authorization. I/We undertake to inform Equitable Trust in writing of any change in the account information provided in this Authorization by the 25th day of the month preceding the next due date of the regular payment.
12. I/We consent to the disclosure of this Authorization to the Bank.
13. I/We acknowledge receipt of a copy of this Authorization.

_____ Borrower's Signature: _____
Date

Borrower's Name: _____

Borrower's Address: _____

_____ Borrower's Signature: _____
Date

Borrower's Name: _____

Borrower's Address: _____

_____ Other Account Holder's Signature: _____
Date

Other Account Holder's Name: _____

Other Account Holder's Address: _____

When this form is complete, mail or fax to:

THE EQUITABLE TRUST COMPANY
30 St. Clair Avenue West
Suite 700
Toronto, Ontario
M4V 3A1
Tel: 416-515-7000
Fax: 416-515-7001