

			Mortgage/loan number
First Payor's name (as shown on bank statement)	Social Insurance Number	Date of birth (mmm/dd/yyyy)	Postal code
Second Payor's name (as shown on bank statement)	Social Insurance Number	Date of birth (mmm/dd/yyyy)	Postal code
Name of bank (Trust Company, etc.) hereafter referred to as "Processing Institution"			Account number
Address of Processing Institution		Payor's telephone number res. _____ bus. _____	
Date authorization signed by Payor		Date of first payment	

Important: A sample of your regular cheque marked "VOID" must be included with this form

This Pre-Authorized Debit (PAD) Agreement is for Personal/Household Purposes

We acknowledge that this authorization is provided for the benefit of the Manulife Bank of Canada ("Manulife Bank") and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the above account in accordance with the rules of the Canadian Payments Association. We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below. We hereby authorize Manulife Bank to draw on this account with the aforementioned Processing Institution, for the following purpose: payment of mortgage/loan installments due and/or property taxes coming due. This PAD may be cancelled provided notice is received five (5) business days before the next due date of the PAD. A sample cancellation form, or further information on the Payor's right to cancel this PAD is available from Manulife Bank or by visiting www.cdnpay.ca. We acknowledge that provision and delivery of this authorization to Manulife Bank constitutes delivery by the Payor to the Processing Institution.

Any delivery of this authorization to Manulife Bank constitutes delivery by the Payor. **The Payor waives any pre-notification period set out in the rules of the Canadian Payments Association for debits under this PAD.** A specimen cheque for this account has been marked "VOID" and attached to this authorization.

In the event that a payment is returned non sufficient funds ("NSF"), the Payor consents to Manulife Bank processing an additional PAD in the amount of \$45.00 representing the NSF fee. Manulife Bank will process the additional PAD within thirty (30) days from the date of the original attempted payment.

We undertake to inform Manulife Bank in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD. We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Pre-Authorized Debit (PAD) Agreement including, but not limited to, the amount. We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife Bank as a condition to honouring a PAD issued or caused to be issued by Manulife Bank on the Payor's account. Revocation of this authorization does not terminate any contract for goods or services that exist between the Payor and Manulife Bank. The Payor's authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged. The Payor hereby acknowledges its understanding, acceptance and participation in a PAD plan.

The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on the Payor's recourse rights, the Payor may contact Manulife Bank or visit www.cdnpay.ca.

A PAD may be disputed by a Payor under the following conditions: (i) the PAD was not drawn in accordance with the Pre-Authorized Debit (PAD) Agreement; or (ii) the authorization was revoked; or (iii) pre-notification was not received. The Payor, in order to be reimbursed, acknowledges that a Declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account, up to and including ninety (90) calendar days after the date on which the PAD in dispute was posted to the Payor's account. The Payor acknowledges that a claim on the basis that the Pre-Authorized Debit (PAD) Agreement was revoked or any other reason, is a matter to be resolved solely between Manulife Bank and the Payor when disputing any PAD after ninety (90) calendar days.

The Payor hereby consents to the disclosure of any personal information that may be contained on the Pre-Authorized Debit (PAD) Agreement to Manulife's Bank, 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.

The Payor's Authorization is given on the _____ day of _____, _____ so that this PAD will enable Manulife Bank to take payments as per the terms of the (our) mortgage/loan contract.

Signature of first payor (as shown on bank statement)

Signature of second payor (as shown on bank statement)

NOTE: If a company is Payor, this agreement MUST be signed by an authorized officer stating title and affixing seal or stamp.

Contact Information: Manulife Bank of Canada
500 King Street North
WATERLOO ON N2J 4C6
Tel: 1-877-765-2265