

1. Customer Information

Name: _____
Estate Number: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____

2. Bank Account Information

ATTACH VOID CHEQUE

Deposit Account Number: _____ Branch Transit Number: _____
Financial Institution Number: _____ [] Chequing Account [] Savings Account
Financial Institution: _____ Name: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Todd McMahon Inc. to debit the bank account identified above for \$ _____ on the _____ of every month or the next business day. **These are the only dates available for Pre-Authorized Debit.**

Circle the date:

1	15	20
21	30	31

Starting: _____

These services are for personal use.

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice of seven days. 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**.

Debtor Signature

Joint Debtor Signature

Date

Date

You have certain recourse 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 the form is complete, return it along with a void cheque to:

Todd McMahon Inc.
Address: Suite 525 - 744 West Hastings St. Vancouver BC V6C 1A5
Fax: (604) 647-0265
Email: tmivan@tmitrustee.com