

1) Pre-Authorized Debit (PAD) Details:			
You authorize us (1043379 BC Ltd. dba CAI Financial) to withdraw funds from the bank account designated below (or any other account you may authorize at any time), for your lease payments as outlined in the Reciprocal Program Agreement ("RPA"). This applies until all Obligations of the RPA have been satisfied, and includes payments for any renewals or amendments to the lease.			
You agree we can deduct Regularly Scheduled Payments (which may be a fixed amount, or a variable amount), from the account designated below, at the payment frequency selected on your RPA. You agree we can deduct one-time payments such as late interest, service fees and other charges from time to time, from your account (or add that one-time charge to your next Regularly Scheduled Payment), in accordance with the terms of your RPA. YOU AGREE TO WAIVE THE NOTICE PERIODS REQUIRED FOR REGULAR, VARIABLE AND ONE-TIME PAYMENTS.			
This is a personal PAD for lease purposes. This PAD Agreement remains in effect until we receive written notification from you of its change or cancellation. This notification must be received by us (at the address provided below), at least 10 business days before the next payment is scheduled. 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.			
You have certain rights if any debit does not comply with this Agreement, or is not in accordance with the terms of your RPA. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your rights, contact your financial institution or visit www.cdnpay.ca.			
2) Customer Information (Please Print Clearly):			
Name(s):		RPA #:	
Address:	(Street)	-	
	(City)	(Province)	(Postal Code)
Phone (Bus):		Phone (Home):	
3) Financial Institution (FI) and Bank Account:			
Name of FI:			
Branch			
Address:	(Street)		
	(City)	(Province)	(Postal Code)
Account Info		Account Number	(1 00101 0000)
Please attach either a sample cheque marked "void" or proof of account ownership.			
4) Authorization:			
Signature(s):		Date (DD/MM/YY):	
		Date (DD/MM/YY):	

1043379 BC Ltd., 201, 3190 St. Johns Street, Port Moody, BC, V3H 2C7 Tel: 604-492-3440 • Fax: 604-357-1242

• Email: shameer@caibc.ca • Web Site: www.caibc.ca