



Payor's Agreement for Pre-Authorized Debits (PADS)

1. Payor's Name and Address – please print

I/We warrant and represent that the following information is accurate.

Mr., Ms.	Surname	First Name	Account #
Street			
City	Postal Code	Telephone Number	
Name of Payor's Financial Institution			
Transit Number _ _ _ _ _ _ _ _		Account Number	

I/We have attached a specimen cheque marked "VOID" to this Payor authorization.

I/We undertake to inform the Payee, in writing, of any change in the account information provided in this authorization at least 5 days prior to the next due date of the PAD.

2. Payee's Name and Address

Name of Payee (the "Payee")	CAN Co-operative Auto Network		
Street	205 – 470 Granville Street		
City	Vancouver BC	Postal Code	V6C 1V5
		Tel #	604.685.1393

3. I/We acknowledge that this authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my account, as detailed above, in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:

The Company Car Fees Business Use

6. This authorization may be cancelled at any time upon notice being provided by the Payor, either in writing or orally with proper authorization to verify the identity of the Payor, at least 5 days before the next PAD was to be issued. The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca. I/We acknowledge that, in order to revoke this authorization, I (we) must provide notice of revocation to the Payee.
7. I/We acknowledge that provision and delivery of the authorization to the Payee constitutes delivery by me/us to my Financial Institution. Any delivery of this authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

8. The Payee will provide to me/us, at the address provided in Section 1, written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD.
9. The Payee may issue a PAD twice monthly in dollar amount up to a maximum of \$500.00.
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's PAD Agreement including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We may dispute a PAD under the following conditions:
 - i. The PAD was not drawn in accordance with the Payor's PAD Agreement; or
 - ii. The Payor's PAD Agreement was revoked; or
 - iii. Pre-notification was not provided and such pre-notification was required under the terms of the Payor's PAD Agreement.

I/We acknowledge that in order to be reimbursed, 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 Account up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 business days in the case of a business PAD) after the date on which the PAD in dispute was posted to the account.

I/We acknowledge that a claim on the basis that the Payor's PAD Agreement was revoked, or another reason, is a matter to be resolved solely between the payee and the payor when disputing a PAD after the time allowed in this section.

13. I/We agree that the information contained in the Payor's PAD Agreement may be disclosed to the Canadian Payments Association member that holds the account of the Payee, as far as any such disclosure of personal information is directly related and necessary for the proper application of Rule H1.
14. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
15. I/We understand and accept the terms of participating in this PAD agreement.

Authorized Signature

Date

This form may be faxed without a cover page to The Company Car at 604.685.1353.



The Company Car[®]

205 – 470 Granville Street, Vancouver BC V6C 1V5
www.thecompanycar.ca 604.685.1393