



Personal Preauthorized Debit Form (PAD) for Caplink and any of its Managed Investments and Investors

1. Borrower Information (Please print clearly)

Name		
Street Address	Street Address	
City	Province	Postal Code
Phone	Fax ()	
E-mail		

2. Bank Account Information (Please complete the below section in addition to attaching a void cheque)

Name of Financial Institution	Street Address	
City	Province	Postal Code
Phone	Fax	

Account Type: Chequing Savings Other: (Specify type of Account)

Institution Number: (3 digits)

Transit Number: (5digits)

Account Number:

3. Pre-Authorized Debit (PAD) Details

You, the payor, hereby authorize Caplink and any of its Managed Investments and Investors (the Lender/Company) to debit the bank account identified above for \$_____ monthly commencing _____. These services are personal.

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 10 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.

Signature of Account Holder(s):

Signature X

Signature X

Please print name:

Please print name:

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. Payee Contact Information: Mortgage Administration, Caplink Financial Corporation, Suite 1000, 8215 112 Street
Edmonton, Alberta T6G 2C8 FAX: 780-439-9472 PHONE: 780-702-9240