

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD)
FOR BUSINESS PURPOSES & DIRECT DEPOSIT**

1. Payor's Information – please print

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

Mr. Mrs. Ms. Miss	Surname:	First Name:
Address:		
City:	Postal Code:	Telephone:

Name of Payor's Financial Institution (the "Processing Institution")		
Address:		
City:	Postal Code:	Account Number:

2. I/We have attached a specimen cheque marked "VOID" to this Payor authorization (The "Authorization").

3. Payee's Name and Address

Name of Payee (the "Payee") TUSKERS REALTY		
Street: 1335 CARLING AVENUE, SUITE 601		
City: OTTAWA, ON	Postal Code: K1Z 8N8	Telephone: 613-729-4386

4. I / We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
5. I / We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
6. I / We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the account, for the following purpose: **TUSKERS FEE(S)**
7. The Payee may issue a PAD, annually on your contract anniversary date in the dollar amount up to a maximum of **\$333.35** (\$295 plus HST).
8. I / We may cancel the authorization at any time upon providing written notice to the Payee. I / We can obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement from my/our financial institution or by visiting www.cdnpay.ca.
9. I / We acknowledge that the provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
10. 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.

11. The Payee will provide me/us, at the address provided in Section 1:
 - a) with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment" Amount) and the date(s) on which the payment Amount debited will be posted to my/our Account (the "Payment date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).
 - b) With respect to variable amount PAD's, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD; and
 - c) With respect to a PAD plan that provides for the insurance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of rule H4, no notice is required
12. 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 Authorization including, but not limited to, the amount, or that any propose 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.
13. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the payee. Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
14. I/We may dispute a PAD only under the following conditions:
 - i. The PAD was not drawn in accordance with the Authorization;
 - ii. The Authorization was revoked, or;
 - iii. Pre-notification, as required under section 8 was not received
15. I / We agree that the information contained in the authorization may be disclosed to TD Canada Trust required to complete and PAD transaction.
16. I / We understand and accept the terms of participating in the PAD plan.

DIRECT DEPOSIT:

Initials

I / We hereby authorize Tuskers Realty to deposit directly to my (our) account as noted in the PAD section and on the attached cheque / deposit form, effective as soon as possible. This authorization will be in force until notice in writing is given to stop the direct deposit.

Signature

Date

Signature

Date