PSV2 - 3705 Payor's PAD Agreement

Personal Pre-Authorized Debit Plan

Authorization of the Payor to the Payee to Direct Debit an Account

- Instructions:
 Please complete all sections in order to instruct your financial institution to make payments directly from your account.
 Please see the Terms and Conditions on page 2.
 Return the completed form with a blank cheque marked "VOID *to the Payee at the address noted below.
 If you have any questions, please write or call the Payee.

		Form 3360P (01/2010)
	Sporadic Intervals:	indicate N/A if there is no maximum Amount:
⊠	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)	Fixed Amount: (Please specify) \$13,145.00 Variable Amount: If variable, please specify whether there is a maximum amount, or
Are top-ups or adjustments permissible? (Please check one)	Occurring at (Please check one)	Please specify whether the payment is a: (Please check one)
		Payment Information
	Start Date	Service or Utility
ount#	Date Reference # or Account #	Telephone No.
Postal Code	DD MM YYYY City/Province	Address
	J LIP (In Trust)	Blaney Mcmuch
	ase type or print clearly)	Payee Information (please type or print clearly)
Postal Code	City/Province	Branch Address
mber	3976-365 91052 [001] Account No. Line of Credit Account Number	Branch No. Institution No. A Bank of Montreal Name of Financial Institution
On (please type or print clearly)	Payor Financial Institution/Banking Information (please ty)	Payor Financial Instit
DD MM YYYY Date	DD MIN YYYYY O9 \$\instyle 5 \ 2013 Date Signature	Telephone No.
	X.G. Address	Address ON M4X
	PH 14 Address	Address Wellesley St
	Payor Name	Payor Name
		MRS SAMAR SABBARINI

Personal Pre-Authorized Debit Plan PAYOR 'S PAD AGREEMENT Terms &Conditions

- -In this Agreement ,"I ","me "and "my "refers to each Account Holder who signs below
- N I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper. debits, as if they were cheques signed by me
- w If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply. I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca.

or otherwise have any effect on any contract that exists between me and the Bank. This authorization applies only to the method of payment and I agree that cancellation of this authorization does not terminate

- 4 Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this
- Çŋ. which may be contained in this Agreement to such financial institution I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution I agree that the Payee may deliver this Agreement to the Payee 's financial institution and agree to the disclosure of any personal information
- o, (a) I understand that with respect to:

6(a)or 6(b)as Delete either

- 3 fixed amount Personal PADs occurring at set intervals,I shall receive written notice from the Payee of the amount to be debited and the due date(s)of debiting,at least ten (10)calendar days before the due date of the first Personal PAD,and such notice shall be received every time there is a change in the amount or payment date(s);
- 3 variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s)of debiting at least ten (10)calendar days before the due date of every Personal PAD;and
- 3 fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such is required

OR-

(b) I agree to waive the pre-notification requirements in section 6(a)of this Agreement

where indicated Payor must sign to waive pre-If Payor agrees

Signature of Payor

- 7 signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other
- œ I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing of any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used
- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- 10 I acknowledge receipt of a copy of this Authorization
- = s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English Les parties conviennent que la présente convention et tous les documents
- 12 I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I 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 any Branch of the Bank of Montreal or visit www.cdnpay.ca

I have full responsibility to complete this form along with the payee

Payor's PAD Agreement

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	-			Form 3360P (01/2010)
		ervals:	Sporadic Intervals:	indicate N/A if there is no maximum Amount:
	y □ Yes	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)		Fixed Amount: (Please specify) \$ 2000 Variable Amount: If variable, please specify whether there is a maximum amount, or
Are top-ups or adjustments permissible? (Please check one)	Are top-ups or adjust (Please check one)	one)	Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
				Payment Information
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Postal Code	Ce I	City/Province orint clearly)	olease type or p	Payee Information (please type or print clearly)
	001 Account Number	91052 001 Line of Credit Account Number	3976-365 Account No.	Branch No. Branch No. Bank of Montreal Name of Financial Institution
lease type or print clearly)	nation (p	nking Inforn	titution/Ba	Payor Financial Institution/Banking Information (please type or print clearly)
DD MM YYYY Date		2013 Signature	09 04 201; Date	Signature Signature
		Address		
		Address	NAX IXC	Na apra
		Payor Name	1 PH 14	225 Wellesley St
•				MRS SAMAR SABBARINI

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- w If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply. I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form www.cdnpay.ca. or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting

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- C I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
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Signature of Payor

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- 0 l acknowledge receipt of a copy of this Authorization
- = s'y rattachant soient rédigés et signés en anglais Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English Les parties conviennent que la présente convention et tous les documents
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- Instructions:

 1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.

 2. Please see the Terms and Conditions on page 2.

 3. Return the completed form with a blank cheque marked "VOID "to the Payee at the address noted below.

 4. If you have any questions, please write or call the Payee.

Payor Information (please type or print clearly)

		is.	Sporadic Intervals:	Amount:
	⊗ 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Variable Amount: If variable, please specify whether there is a maximum amount, or indicate N/A if there is no maximum
201	Yes	Set Intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly)	Set Intervals: P	S Fixed Amount: (Please specify)
Are top-ups or adjustments permissible? (Please check one)	Are top-ups or adju-		Occurring at: (Please check one)	Please specify whether the payment is a: (Please check one)
				Payment Information
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se type or print clearly)	tion (pleas	ing Informa	tution/Bank	Payor Financial Institution/Banking Information (please type
Date		Signature	Date	Signature
DD MM YYYY		Telephone No.	DD MM YYYY	Sometime wo.
		Address		(Colorbon No
			1116	Toronto ON M4X
		Address	PH 14	225 Wellesley St
		Payor Name		Payor Name
•				MRS SAMAR SABBARINI

Form 3360P (01/2010)

PAYOR 'S PAD AGREEMENT Personal Pre-Authorized Debit Plan Terms & Conditions

- In this Agreement ,"I ","me "and "my "refers to each Account Holder who signs below
- N I agree to Bank of Montreal and any successor or assign of the Bank (the "Bank") debiting my account indicated on the reverse (the "Account") for personal/household or consumer purposes and I authorize the Payee indicated on the reverse and any successor or assign of the Payee to draw a debit in paper, electronic or other form, including any top-ups or adjustments, for the purpose of making payment for consumer goods or services (a "Personal PAD"), on my Account at the financial institution indicated on the reverse (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me
- ω I may revoke authorization at any time, subject to providing notice to the Bank: this authority is to remain in effect until the Bank has received written notification from me of its change or termination. This notification must be received at least 30 days before the next debit is scheduled at any branch of the Bank of Montreal. I may obtain a sample PAD cancellation form or more information on my right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca. If the amount that I am required to pay under my agreement with the Payee changes, this authorization will continue to apply

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- (a) I understand that with respect to:

Delete either 6(a)or 6(b)as

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- 9 I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of
- l acknowledge receipt of a copy of this Authorization
- 1 Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.
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	Sporadic Intervals:	indicate N/A if there is no maximum Amount:
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Are top-ups or adjustments permissible? (Please check one)	Occurring at (Please check one)	Please specify whether the payment is a: (Please check one)
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count #	Date Reference # or Account #	Telephone No.
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	y LIP (In Trust)	Blancy Mcmurtr
Postal Code	City/Province ase type or print clearly)	Payee Information (please type or print clearly)
umber	3976-365 91052 001 Account No. Line of Credit Account Number	Branch No. Bank of Montreal Name of Financial Institution
ion (please type or print clearly)	Payor Financial Institution/Banking Information (please type or print clearly)	Payor Financial Instit
DD MM YYYY	Do MM YYYY Dote Date Address () Telephone No. Signature	Telephone No.
		LOPONTO ON MAX 1X6
	PH 14	Payor Name 225 Wellestey St
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Postal Code	AAAA WW	Address ()
	LLP (In Trust).	Blancy Mcmuchy
Postal Code	City/Province ase type or print clearly)	Payee Information (please type or print clearly)
Number	3976-365 91052 001	Branch No. Bank of Montreal Name of Financial Institution
tion (please type or print clearly)	Payor Financial Institution/Banking Information (please ty)	Payor Financial Instit
DD MM YYYY Date	() DD MM YYYY Telephone No. Date Signature	Telephone No.
	PH 14 Address Address	Toronto ON M4X IXG
	Payor Name	MRS SAMAR SABBARINI Payor Name

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6(a)or 6(b)as Delete either

- 3 PAD, and such notice shall be received every time there is a change in the amount or payment date(s): fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s)of debiting, at least ten (10)calendar days before the due date of the first Personal
- 3 Personal PAD;and amount to be debited and the due date(s)of debiting, at least ten (10)calendar days before the due date of every variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the
- 3 fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required

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(b) I agree to waive the pre-notification requirements in section 6(a)of this Agreement

where indicated Payor must sign notification. to waive pre-If Payor agrees

7

Signature of Payor

- 00 I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee,in writing of any change in the Account information provided in this Agreement at least ten (10)business days prior to the next due date of a Personal PAD.In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.

signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other

- 9 below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement electronic signature conforms with the requirements of
- 10 I acknowledge receipt of a copy of this Authorization
- = s'y rattachant soient rédigés et signés en anglais. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English.Les parties conviennent que la présente convention et tous les documents
- 12 I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement

obtain more information on your recourse rights, contact any Branch of the Bank of Montreal or visit www.cdnpay.ca

I have full responsibility to complete this form along with the payee