

➔ **Authorization for Personal Pre-Authorized Debit (PAD) Plan for your BMO MasterCard**

BMO MasterCard Account Number

Authorization of the Account Holder(s) to BMO Bank of Montreal to Direct Debit a personal deposit account. a) Please read the Terms and Conditions and complete all the sections below to instruct your financial institution to make payments directly from your account. b) Sign and return this authorization to BMO Bank of Montreal with a blank cheque marked "VOID" or the top portion of your personal account statement. U.S. Dollar PADs must be from a BMO Bank of Montreal U.S. Dollar personal deposit account. c) Retain the Terms and Conditions for your records and note your payment choice in the space provided at the bottom of the Terms and Conditions.

Please print Account Holder(s) Name(s) in full. Both to sign at the bottom, if this is a joint account.

Name

Address

Postal Code

Name

Address

Postal Code

6 RAYMOND
123 SOMEWHERE STREET
ANYWHERE, ANY PROVINCE
T4Z 8ZC

015

PAY TO THE
ORDER OF _____ \$ _____

MEMO _____

⑈ 0 1 5 ⑈ ⑆ 2 0 5 2 ⑈ 0 0 ⑆ 0 2 5 3 ⑈ 0 2 1 3 8 8 3 ⑈

Transit Number

Financial Institution

Account Number

Branch Address

In this authorization, "I", "me" and "my" refer to each Account Holder who signs this Authorization and all defined terms used in this Authorization have the meanings set out in the enclosed Terms and Conditions which form a part of this Authorization. I have read, understood and agree to the enclosed Terms and Conditions, including the following: I understand that this is a variable amount Pre-Authorized debit and I authorize the Bank to debit Personal Deposit Account indicated above on the due date shown on my monthly BMO MasterCard statement in the amount of (check one): ☐ My minimum monthly payment as shown on my monthly statement OR ☐ My outstanding monthly balance in full as shown on my monthly statement. If the payment due date falls on a weekend or on a holiday, then the payment will be processed and considered made on time the next business day. Please ensure funds are available in your account, otherwise non-sufficient funds charges may apply.

APPLICATION IN QUÉBEC 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.

I/WE AGREE TO WAIVE THE 10 DAY PRE-NOTIFICATION REQUIREMENT FOR MY/OUR PRE-AUTHORIZED DEBITS AND FOR CHANGES TO THE AMOUNT(S) OR PAYMENT DATE(S) OF THOSE DEBITS.

Date

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

M D Y

Please return completed form by mail to: P.O. Box 11064, Station Centre-Ville, Montreal, QC H3C 5A2 or by fax to 1-866-859-2088. This PAD will take effect on your next payment due date provided that we receive the completed form at least 10 business days before the next payment due date.

Terms and Conditions

These Terms and Conditions form a part of the Authorization for Personal Pre-Authorized Debit Plan (the "Authorization" or "PAD Agreement") and include the terms and conditions contained in the Authorization, and the words "I", "me", and "my" have the same meaning as defined in the Authorization.

- I agree to participate in this pre-authorized debit plan for personal/household or consumer purposes and I authorize Bank of Montreal (the "Bank") and any successor or assign of the Bank to draw a debit, in paper, electronic or other form including any top-ups or adjustments (a "Personal PAD"), on my account indicated on the Authorization (the "Account") at the financial institution (the "Financial Institution") indicated on the Authorization or any other account at the Financial Institution as advised by me in accordance with paragraph 8 of the Terms and Conditions for the purpose of paying all amounts due and payable under my loan agreement with the Bank under terms and conditions agreed to by me with the Bank and I authorize the Financial Institution to honour and pay such debits.
- I acknowledge that the Authorization is provided for the benefit of the Bank and the Financial Institution and is provided in consideration of the 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 Authorization, shall be binding on me.
- I may cancel or revoke this Authorization at any time, either in writing or verbally, within 30 days before the next Personal PAD is to be issued. I acknowledge that, in order to revoke or cancel this Authorization, I must provide notice to the Bank at any of its branches or by telephone at 1 800 263-2263, or (TTY) Teletypewriter for the hearing impaired at 1 866 859-2089. I may obtain more information on my right to cancel a personal PAD Agreement at any branch of my financial institution or by www.cdnpay.ca. I acknowledge that this Authorization applies only to the method of payment and I agree that revocation or cancellation of this Authorization does not terminate or otherwise have any bearing on the amount owing under the loan agreement or any other agreement that exists between me and the Bank.
- I agree that the Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
- I have certain recourse rights if any debit does not comply with this 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I may also contact any branch of the Bank of Montreal or the Customer Contact Centre by telephone at 1 800 263-2263, or (TTY) Teletypewriter for the hearing impaired at 1 866 859-2089.
- I may dispute a Personal PAD by providing a signed declaration to the Financial Institution under the following conditions:
 - the Personal PAD was not drawn in accordance with this Authorization; or
 - this Authorization was revoked.
 I acknowledge that in order to be reimbursed by the Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either 6. (a) or (b) above took place and present it to the Financial Institution not later than 90 calendar days after the date on which the disputed Personal PAD was posted to my Account. I agree that, after this 90-day period, I shall resolve any dispute that I may have regarding a Personal PAD solely with the Bank, and that the Financial Institution shall have no liability to me respecting any such disputed Personal PAD.
- I agree that delivery of this Authorization to the Bank constitutes delivery by me to the Financial Institution. I agree that the Bank may deliver this Authorization and any related documents to the Financial Institution and agree to the disclosure of any personal information which may be contained in this Authorization to such Financial Institution.
- I certify that all information provided with respect to the Account is accurate and I will inform the Bank, in writing, of any change in the Account information provided in this Authorization at least 30 days before the next due date of the Personal PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Personal PADs.
- I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Authorization by secure electronic signature and that my secure electronic signature conforms with the requirements of the Canadian Payments Association.
- The Bank may cancel my right to pay by Personal PAD:
 - Immediately without notice, if any Personal PAD is not honoured by the Financial Institution because there are insufficient funds in my Account, or for any other reason whatsoever which prevents the transfer of funds; or
 - On 30 days' written notice to me to the address shown in the Bank's records.
- I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect, and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
- I acknowledge that the payment option I have chosen on the Authorization form is as follows:

☐ My minimum monthly payment as shown on my monthly statement.

☐ My outstanding monthly balance in full, as shown on my monthly statement.

If the payment due date falls on a weekend or on a holiday, then the payment will be processed and considered made on time the next business day. Please ensure funds are available in your account, otherwise non-sufficient funds charges may apply.

® Registered trademark of Bank of Montreal.

® Registered trademark of MasterCard International Incorporated.