



Pre-Authorized Debit (PAD) Agreement

Instructions:

- 1 Complete and sign this form.
- 2 Send the completed and signed form with a blank cheque marked "VOID" to us at the address above or deliver to one of our branches.
- 3 Please continue to make your payments as usual until we notify you that your pre-authorized debits have been set up.

Please complete all sections below

Customer Information			
Name(s)			
Street Address			
City		Postal Code	
Email Address			
Primary Phone		Alternate Phone	
Financial Institution Information (FI)			
Name of FI			
Branch Address			
City		Postal Code	
Account Information			
Transit (Branch) Number <small>(5 digits)</small>	FI Number <small>(3 digits)</small>	Account Number	
<u>PLEASE ATTACH A CHEQUE MARKED "VOID"</u>			
Debit Information			
Category (check one)	<input type="checkbox"/> Personal <input type="checkbox"/> Business	Mortgage or Loan Number	
Debit amount and date (check one)	<input type="checkbox"/> Periodic payment when due under mortgage/loan agreement <input type="checkbox"/> Minimum payment when due under line of credit agreement <input type="checkbox"/> Other fixed amount: _____ on or about the ____ of each month (Please complete)		

By signing below, each of the undersigned account holders (**you and your**) authorize State Bank of India (Canada) (**we, us, and our**) (on our own behalf or as agent for any assignee) and any agent or service provider acting on our behalf to make withdrawals (each, a **debit**) from your financial institution account that you have identified in this PAD Agreement or any other financial institution account that you may identify to us from time to time (the **Account**) for the purpose of making regular payments on your mortgage, loan, or line of credit account, as specified above. You agree that we may debit the Account for: (i) the amount of each payment on or shortly after its due date or such other date as may be specified above (each, a **Scheduled Debit Date**) and (ii) any other amount that may become due in connection with your mortgage, loan or line of credit with us from time to time (including interest on overdue amounts and dishonoured payment fees) on the next Scheduled Debit Date. You acknowledge that we may contact you to obtain a separate authorization for any debit on a date that is not a Scheduled Debit Date. If any debit is dishonoured by your financial institution for any reason, you agree that we are entitled to issue another debit in substitution for the dishonoured debit.

This authorization will remain in effect until we receive written notice from you of its change or termination. You may cancel this authorization upon ten (10) days' written notice to us before the next Scheduled Debit Date. If you cancel this authorization, you remain obligated to pay all amounts owing and you must arrange an alternate method of payment. You may obtain a cancellation form and more information on your right to cancel this PAD Agreement from your financial institution or at www.cdnpay.ca.

You have certain recourse rights if any debit that we draw from the Account does not comply with this authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization. You may obtain more information on your recourse rights from your financial institution or at www.cdnpay.ca.

We may assign this authorization to another person or entity without notice to you in the event that we assign our right to receive payments under your agreement with us. **You understand that we will not notify you in advance of any debit and you agree to waive all pre-notification requirements in respect of all debits to be drawn under this PAD Agreement.**

EACH PERSON WHOSE SIGNATURE IS REQUIRED ON THE ACCOUNT MUST SIGN BELOW

Account Holder #1		Account Holder #2	
Signature		Signature	
Print Accountholder Name		Print Accountholder Name	
Date		Date	

For Office Use Only		
SBIC Loan Account Number		
Entered By		Signature
Authorized By		Signature