



Pre-AUTHORIZATION FOR DEBIT AND CREDIT TRANSACTIONS

To customer;

Please complete the following form (print) and return the completed form signed with a **blank cheque marked "void"**.

Account Holders	
Account Holders Name(s):	
Address:	

- 1) In this Authorization "I", "me" and "my" refer to each Account-Holder who signs below.
- 2) I agree to participate in this pre-authorized debit plan and I authorize the Finance PEI to draw a debit, in paper, electronic or other form (a "Pre-authorized Debit"), on my account indicated on the attached cheque (the "Account") at the financial institution branch indicated on the cheque (the "Financial Institution") for the purpose of obtaining payment of amounts which shall from time to time become due and payable under a Promissory Note given by me in connection with the Emergency Working Capital Financing Program loan.
- 3) I agree to participate in this pre-authorized credit plan and I authorize Finance PEI to issue a credit in electronic form (a "Pre-authorized Credit"), to my account at the Financial Institution for the purpose of refunding amounts which may from time to time represent overpayments or other amounts to be credited in connection with a Tourism Assistance Loan Program loan.
- 4) I may revoke this Authorization at any time by delivering a written notice of revocation to Finance PEI. I agree that revocation of this Authorization does not terminate any contract for the loan of money that exists between me and Finance PEI. This Authorization applies only to the method of payment and does not have any bearing on any contract for goods and services exchanged.
- 5) I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit or Credit has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of purpose of any Pre-Authorized Debit or Credit.
- 6) I agree that delivery of this authorization to Finance PEI constitutes delivery by me to the Financial Institution.
- 7) I will promptly inform Finance PEI, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the Pre-Authorized Debit.
- 8) I warrant that all persons whose signatures are required to sign on the Account have signed this Authorization below.
- 9) I acknowledge that this Authorization is provided for the benefit of Finance PEI and the Financial Institution in consideration of the Financial Institution agreeing to process payments against my account in accordance with the Rules of the Canadian Payments Association.
- 10) I waive any requirements for Finance PEI to send me a pre-notification of any Pre-Authorized Debit or Credit made under this Authorization.
- 11) I acknowledge that the Rules of the Canadian Payments Association permit me to dispute a Pre-Authorized Debit by completing and presenting a declaration in prescribed form to the Financial Institution within 10 business days after the date on which the Pre-Authorized Debit in dispute had been presented to my account.
- 12) I consent to the disclosure of any personal information contained herein to the Financial Institution used by Finance PEI to receive or make payments hereunder to the extent that such disclosure is directly related and necessary to facilitate payments hereunder.
- 13) I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Authorization.

Date: _____ Signature(s) of Account-Holder(s) _____

For FINANCE PEI Use Only

Customer Name: Place on PAP: <input type="checkbox"/> Delete form PAP: <input type="checkbox"/> Date	Customer no: Authorized : Effective for: Authorized by:
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