



INSTRUCTIONS:

- Complete this form, sign and date it, and forward with a void cheque to the above mailing address, OR fax to: 250 356-1090
If you require more information or need assistance to complete this form, please call (toll-free): 1 877 405-4911

Freedom of Information and Protection of Privacy Act
The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26 of the FOIPPA.

SECTION A - APPLICANT'S PERSONAL INFORMATION

Form with fields: RECONSTRUCTION LOAN NUMBER, LAST NAME, FIRST NAME, MIDDLE NAME OR INITIAL, MAILING ADDRESS UNIT NUMBER, STREET/PO BOX NUMBER, CITY, PROVINCE, POSTAL CODE, HOME PHONE NUMBER, WORK PHONE NUMBER

SECTION B - FINANCIAL INSTITUTION INFORMATION

() () Void cheque enclosed (credit card cheques are not accepted) or authorizing documentation from financial institution indicating transit number, bank number and bank account number.

Form with fields: TRANSIT NUMBER (5 DIGITS), INSTITUTION NUMBER, BANK OR FINANCIAL INSTITUTION ACCOUNT NUMBER, NAME OF BANK OR FINANCIAL INSTITUTION, NAME OF BANK ACCOUNT HOLDER, IF DIFFERENT FROM ABOVE, ADDRESS OF BANK OR FINANCIAL INSTITUTION STREET, CITY, PROVINCE, POSTAL CODE

PLEASE NOTE: Monthly payments will be withdrawn on the 15th of the month (see conditions on reverse).

SECTION C - AUTHORIZATION

I/We have read, understood and accept all provisions contained on this form, including the Terms and Conditions on reverse. Any delivery of this authorization to the Ministry of Finance constitutes delivery by me/us to the bank or financial institution (hereafter referred to as your bank).

The Ministry of Finance is hereby authorized to withdraw funds from my/our bank account identified above to cover all amounts due on my/our Reconstruction Loan Number. Monthly payments of \$ are currently set; however, I/we understand that this payment is subject to change if there are returned payments or arrears, or there is a reassessment or a renewal. I am/we are all the person(s) whose signatures are required to sign on the above account.

I/We undertake to promptly notify the Ministry of Finance, in writing, of any change in the account information provided in this authorization.

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 pre-authorized debit agreement. To obtain a form for a reimbursement claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We hereby waive any requirement for pre-notification of changes in the amounts of pre-authorized debits drawn against my/our account at my/our financial institution in accordance with this authorization.

Form with fields: SIGNATURE OF BANK ACCOUNT HOLDER, DATE SIGNED YYYY MM DD (repeated twice)

Reconstruction Loan

Pre-Authorized Debit Plan (PAD)

Terms and Conditions

By signing this application, you acknowledge that authorization is provided for the benefit of the Reconstruction Loan Portfolio, the Ministry of Finance and your bank or financial institution (hereafter referred to as your bank) and is provided in consideration of your bank agreeing to process debits against the bank account indicated on the front of this form, in accordance with the rules of the Canadian Payments Association.

The amount to be withdrawn against your account may vary based on renewals and reassessments, and your bank will process debits against your account and withdraw such amounts without any pre-notification or consent by you.

You 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 purpose 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.

All selected pre-authorized debit withdrawal dates will occur on their respective dates or, when the selected date is on a weekend or statutory holiday, on the next business day.

When two consecutive monthly pre-authorized withdrawals are returned by your bank, the Ministry of Finance will terminate the PAD and you will be notified in writing at the current address on your reconstruction loan. If payments are returned, an applicable service charge will be applied for each failed withdrawal attempt.

You may cancel this authorization by notifying the Ministry of Finance at least 21 calendar days in advance of the next pre-authorized debit withdrawal. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, you may contact your bank or visit www.cdnpay.ca.

Neither termination of the PAD by the Ministry of Finance nor cancellation of this authorization by you terminates the debt owing under the Reconstruction Loan Portfolio.

Your bank is not responsible for verifying whether payments have been issued in accordance with the particulars of this agreement.

You can dispute a pre-authorized withdrawal if:

1. the withdrawal was not drawn in accordance with your authorization, or
2. the authorization was cancelled in accordance with the terms and conditions of this application.

In order to be reimbursed for a disputed withdrawal, you must complete a declaration to the effect that either 1 or 2 above took place. In the case of a personal pre-authorized debit, you must present the completed declaration to the branch of the bank holding your account within 90 calendar days after the date on which the withdrawal in dispute was posted to your bank account. After 90 calendar days, any dispute is to be resolved solely between you and the Ministry of Finance.