



OFFICE OF THE COMPTROLLER GENERAL

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADs)
FOR PERSONAL USE**

1. Payor's Name and Address - please print

I/We warrant and represent that the following information is accurate.

Mr./Mrs./Ms./Miss	Surname	First Name
Street		
Town	Postal Code	Telephone #

Name of Payor's Financial Institution (the "Processing Member")		
Street		
Town	Postal Code	Telephone #

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the **Authorization**).

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization 10 days prior to the next due date of the PAD.

2. Payee's Name: GOVT NFLD & LABRADOR-STUD.LOAN

Payee's Address:

Department of Finance, Tax Administration Division
Government of Newfoundland and Labrador
P.O. Box 8700
3rd Floor, East Block, Confederation Building
St. John's, NL A1B 4J6
Email: Taxadmin@gov.nl.ca
Phone: Local 1-709-729-6465
Phone Toll Free: 1-877-520-8800
Fax: 1-709-729-2091

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member, and is provided in consideration of the Processing Member agreeing to process debits against our account, as listed above (the “**Account**”) in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Canadian Payment Association (“**CPA**”) Rule H1) (the **PAD**”) drawn on the Account, for the following purpose:

payments to be applied to my/our student loan.
6. I/We may cancel the Authorization at any time upon providing written notice to the Payee. Government requires 10 days prior notice to allow for processing.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Member. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. Unless otherwise agreed to in writing, the Payee will provide to me/us, at the address provided in Section 1:
 1. with respect to fixed amount PADs, written notice of the amount to be debited (the “**Payment Amount**”) and the date(s) on which the Payment Amount debited will be posted to my/our Account (the “**Payment Date**”), at least ten(10) calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s) unless such notice has been waived in accordance with CPA Rule H1; and
 2. with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least ten (10) calendar days before the Payment Date of **every** PAD unless such notice has been waived in accordance with CPA Rule H1.
9. I/We authorize a change in the amount or date of the PAD as a result of a direct action on my/our part (such as, but not limited to, a telephone call). No pre-notification is required.
10. I/We authorize the Payee to debit my/our bank account for \$ _____ on the 15th of every month or the next business day beginning on _____. (date)
11. I/We acknowledge that the Processing Member 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.

12. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
13. 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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca
14. I/We agree that the information contained in the Authorization may be disclosed to government's banker as required to complete any PAD transaction.
15. I/We understand and accept the terms of participating in this PAD plan.

Authorized Signature

Authorized Signature

Date