

Authorization for Consumer Pre-authorized Debit Plan



Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions attached to this document.
3. **Return the completed form with a blank cheque marked "VOID" to the Macquarie Financial Ltd. ("MFL") at the address noted below.** Please note that your name and address must be preprinted on the void cheque.
4. If you have any questions, please write or call the MFL.
5. **PLEASE ENSURE YOUR ACCOUNT IS OPEN, HAS CHEQUING PRIVILEGES AND THE ACCOUNT NUMBERS ARE CLEARLY DISPLAYED**

Payor Information *(please type or print clearly)*

Payor Name: _____

Address: _____

Telephone: _____

Signature of Payor(s): _____ Date: _____

Payor Financial Institution Information

Bank #: _____

Transit #: _____

Account #: _____

Name of Financial Institution: _____

Branch: _____

Branch Address: _____

City/Province: _____ Postal Code: _____

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Payment Information

Please specify the payment amount: _____

Occuring at set intervals: weekly bi-weekly monthly Semi-Monthly

PLEASE ATTACH YOUR VOID CHEQUE HERE

Terms & Conditions

1. In this Authorization, “I”, “me” and “my” refers to each Account Holder who signs below and “MFL” refers Macquarie Financial Ltd. and any successor or assign of Macquarie Financial Ltd.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize MFL to draw a debit in paper, electronic or other form (a “PAD”) for the purpose of making all payments and any other amounts due and owing by me to MFL in connection with my loan agreement with MFL, as such loan agreement may be modified, amend-ed, or supplemented from time to time (the “Agreement”), on my account indicated on the reverse hereof (the “Account”) at the financial institution indicated on the reverse hereof (the “Financial Institution”) and I authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of MFL and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association (“CPA”). I agree that any direction I may provide to draw a PAD and any PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to MFL at least ten (10) business days before my revocation will be effective. MFL is permitted to continue processing PADs until ten (10) days after receiving any such notice. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between MFL and me.
4. I agree that if any PAD is dishonoured by the Financial Institution for any reason, then MFL shall be entitled to issue another PAD in substitution for the dishonoured PAD until the PAD is honoured. MFL may charge me its then current administration and processing fee (the “NSF fee”), (\$75 at the time of printing this form) as modified by MFL from time to time without notice to me, any time a PAD is dishonoured. Up-to-date information regarding the amount of the NSF fee may be found on MFL’s website at www.macquariefinancial.com.
5. I agree that my Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any PAD

Macquarie Financial Ltd. 20 Toronto Street, 10th Floor, Toronto, ON M5C 2B8 • Tel: 1 (416) 861 1315 • 1 (877) 462 3788 • Fax: 1 (416) 861 8484

Macquarie Financial Ltd. (MFL) is not an authorized deposit taking institution for the purposes of the Banking Act (Cwth) 1959. MFL’s obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542 (MBL). MBL does not guarantee or otherwise provide assurance in respect of the obligations of MFL, unless noted otherwise. MFL is not regulated as a bank or other financial institution or as a holding company thereof. MFL_PAD-Form_EN_021810

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6. I agree that delivery of this Authorization to MFL constitutes delivery by me to my Financial Institution. I agree that MFL may deliver this Authorization to MFL's financial institution and agree to the disclosure of any personal information that may be contained in this Authorization to such financial institution. I understand that with respect to:
7. I authorize MFL to draw PADs from the Account as follows:
- (i) PADs in the amount of each periodic payment owing by me to MFL, which PADs will be drawn on or about each payment date under the Agreement;
 - (ii) PADs for any other amount due and owing by me to MFL under the Agreement, which PADs will be drawn on or about each payment date in conjunction with the PAD for my periodic payment; and
 - (iii) PADs initiated or modified in response to my direct action (such as, but not limited to, a telephone instruction requesting MFL to issue a PAD in full or partial payment of a billing received by me).

I agree to waive the CPA's pre-notification requirements in respect of all PADs drawn under this Authorization.

8. I may dispute a PAD by providing a signed declaration to my Financial Institution under the following conditions:
- (a) the PAD was not drawn in accordance with this Authorization; or
 - (b) this Authorization was revoked.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a PAD solely with MFL, and that my Financial Institution shall have no liability to me respecting any such disputed PAD.

9. I certify that all information provided with respect to the Account is accurate and I agree to inform MFL, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for PADs.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
11. 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.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges et signes en anglais.
13. Please fax all requests for termination of this agreement to our Client Service Centre at 1 (866) 753 5842.

I understand and agree to the foregoing terms and conditions, and in particular, I agree to waive pre notification with respect to all PADs as described in section 7 above.

Please note that that if the Account is a joint account, all account holders must sign below.

(Name of Account Holder)

(Signature)

(Date)

(Name of Account Holder)

(Signature)

(Date)

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