Concentra®

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FUNDS TRANSFER PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I/We authorize Concentra and the financial institution designated (or any financial institution I/We may authorize at any time) to debit my/our account as per my instructions for **regular reoccurring payments** outlined below and/or a **one-time payment from time to time for the payment of all charges arising** under my Concentra account**. I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to my/our authorization**. Concentra will obtain my/our further authorization for any other one-time or sporadic debits. **In case of returned payments, verbal authorization may be obtained to re-debit my/our account.**

This authority is to remain in effect until Concentra has received written or electronic notification from me/us of its change or cancellation. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca.

CLIENT DETAILS

Account Number _____
(Concentra Account Number)

Name _____ Name _____
(Please Print) (Please Print)

Address _____

City/Town _____ Province _____ Postal code _____

Phone Number: (Bus) _____ (Res) _____ Email: _____

PAYMENT DETAILS

Specimen cheques marked "VOID" attached

Payment Type – Funds Transfer PAD

☐ New ☐ Change ☐ Discontinue

Amount of Payment
$_____

Date of First Payment
_____
MMM/DD/YYYY

Frequency of PAD

RRSP

☐ Bi-weekly
☐ Monthly — **minimum of $100**
☐ One Time — **minimum of $500**

Self-Directed RRSP

☐ Bi-weekly
☐ Monthly — **minimum of $25**
☐ _____

TFSA

☐ One Time — **minimum of $1,000**

FINANCIAL ACCOUNT DETAILS

Financial Institution Name _____

Account Number _____ Transit and Route _____
(branch – 5 digits; F1-3 digits)

Address _____

City/Town _____ Province _____ Postal code _____

AUTHORIZATION

I/We warrant and guarantee the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

_____ _____
Payor Signature Date

_____ _____
Payor Signature Date

_____ _____ _____
Agent Name Agent Number Phone Number

302-271 (01/17)
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Print Reset

ADDITIONAL TERMS AND CONDITIONS

1. By signing this Authorization, I/we:
   (a) acknowledge having received and having read a copy of this Agreement, including the Terms and Conditions on this page;
   (b) acknowledge understanding the Terms and Conditions of this Agreement; and
   (c) agree to be bound by the Terms and Conditions of this Agreement, including the terms and conditions on this page.
2. I/We undertake to inform Concentra, in writing, of any change in the Account information provided in this Authorization 10 days prior to the next due date of the PAD.
3. Concentra may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.
4. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Concentra. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
5. I/We acknowledge that provision and delivery of this Authorization to Concentra constitutes delivery by me/us to the Financial Institution. Any delivery of this Authorization to Concentra constitutes delivery by me/us.
6. This Authorization is for fixed amount funds transfer PADs recurring at set intervals, I/we have waived any and all requirements for pre-notification of debiting. I/we acknowledge I/we will not receive written notice from Concentra of the amount to be debited or the due date(s) of debiting.
7. If this Authorization provides for PADs with sporadic frequency, I/we understand that Concentra is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Financial Institution to debit the Account.
8. I/We acknowledge that the Financial Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
9. I/We acknowledge that the Financial Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Concentra as a condition to honoring a PAD issued or caused to be issued by Concentra on the Account.
10. I/We acknowledge that, if this Authorization is for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
    (a) the PAD was not drawn in accordance with this Authorization;
    (b) this Authorization was revoked.

    I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a) or (b) took place must be completed and presented to the branch of the Financial Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
11. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and Concentra and there is no entitlement to reimbursement from the Financial Institution.
12. 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 PAD that is not authorized or is not consistent with this PAD 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.
13. I/we consent to the disclosure of any personal information that may be contained in this Authorization to the Financial Institution that holds the account of Concentra to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the rules of the Canadian Payments Association.

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