FORM 1696 (R.09/09)



INSTRUCTIONS

€ 1998 - 2009 CENTRAL 1 CREDIT UNION

- The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.

 The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf.
 Go to Section E, Appendix 2, Transaction Types.

 The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (Mandatory)	
Account Holder Name(s) (the "Payor")	
Address (street, city, province, postal code)	
Address (street, city, province, postar code)	÷.
1 44	
Email Address	Phone No.
Payee Name (the "Payee")	
Address (street, city, province, postal code)	
4421 Greentree Terrace	
Email Address	Phone No.
heoscmanager@gmail.com	250-472-1530
PAYMENT DETAILS	
Description of PAD CPA Transaction Type Code OSC / Preschool 4 5 0 Payment Type (Choose one only.) Payment Type (Choose one only.) Personal PAD Business PAD Funds Transfer PAD	Payor Financial Institution Name and Address (the "Processing Institution")
Amount of Payment Dates	
☐ Fixed ☐ Weekly beginning	
\$ Bi-weekly beginning	Payor Account (The Payor's account at the Processing Institution; the "Account".)
Monthly beginning	Institution No. Branch ID Account No.
Variable (Maximum Other*	0
Amount):	Payee Account (Payee's account for credit — complete if known.)
\$	Institution No. Branch ID Account No.
☐ Sporadic	0
*Specify Intervals, set dates, or specific act, event, or other criteria that triggers PAD.	
AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor r I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions	on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.
X Payor Signature	Date
X	Date
Payor Signature	Date
WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS.) 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 a change in any applicable tax rate, top-up, or adjustment.	
x	X
Payor Signature	Payor Signature
CANCEL PAYMENT (30 days notice is required before the next PAD will be issued. Cannot exceed 30 days.) The Payor hereby cancels this Payor's PAD Agreement effective:	
X	
Payor Signature	Date
X	
Payor Signature	Date
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ORIGINAL - ORIGINATOR COPY - PAYOR