Payor's PAD Agreemer

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. 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.
3. 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)*

Email Address | Phone No.

Payee Name (the "Payee") Sri Lanka - Canada Scholarship Foundation

Address *(street, city, province, postal code)* 118-8655, KING GEORGE BLVD, SURREY, B.C. V3W 5C4

Email Address sisirahb@shaw.ca | Phone No. 604 572 0136

PAYMENT DETAILS ☐ Specimen cheque marked "VOID" attached.

Description of PAD *(optional)*	CPA Transaction Type Code	Payment Type *(Choose one only.)*	Payor Financial Institution Name and Address *(the "Processing Institution")*
		☐ Personal PAD ☐ Business PAD ☐ Funds Transfer PAD	

Amount of Payment

☐ Fixed
$

☐ Variable *(Maximum Amount)*:
$

Dates

☐ Weekly beginning
☐ Bi-weekly beginning
☐ Monthly beginning
☐ Other*
☐ Sporadic

Payor Account *(The Payor's account at the Processing Institution; the "Account")*

Institution No.	Branch ID	Account No.
0		

Payee Account *(Payee's account for credit — complete if known.)*

Institution No.	Branch ID	Account No.
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 need sign. If 2 or more signatures are required, then both or all Payors must sign.)*

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 t agreement, and agrees to be bound by the terms and conditions of t agreement, including the terms and conditions on page 2.

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

X
Payor Signature Date

X
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 amoun the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X
Payor Signature

X
Payor Signature

CANCEL PAYMENT / _____ *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