



Pre-Authorized Debit (PAD) Agreement

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below to initiate automatic payments for your Royal Premium loan.

Section 1 I/we authorize Royal Premium, and the financial institution designated to debit my bank account for the amount of my regular recurring installment. Royal Premium is authorized to debit my bank account on the installment due date that appears on the Premium Installment Contract of the loan identified below, until the loan is paid in full.

This PAD Agreement must reach our office at least ten business days prior to the next installment due date. Forms received within ten business days of the next due date may not take effect until the subsequent month's due date and will require that you mail in one payment to prevent your loan account from going into default.

This authority is to remain in effect until Royal Premium has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled at the address provided below. 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

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 rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/we agree to waive my/our right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of PADs before the debit is processed.

Section 2 Bank Information (Your bank can provide this information)

Checking Account Number:

Branch Transit Number: Financial Institution Number:

Financial Institution Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Section 3 Loan Information

Loan Number: Account Name: _____

Section 4 Account Holder Authorization

Signature of Account Holder

Signature of Joint Account Holder (If applicable)

Name (Please Print)

Name (Please Print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Section 5

Send completed form and voided check (NO DEPOSIT SLIPS) to:
Fax: 248-932-9043 Email: financing@royalpremium.com
Mail: Royal Premium
PO Box 15430, Station A
Toronto, ON M5W 1C1