

AGREEMENT FOR PRE-AUTHORIZED DEBITS (PAD)

Advanced Group of Companies
 788 Island Park Dr
 Ottawa, ON K1Y 0C2
 P: 613-656-0017
 F: 613-798-1137

Account Holder(s)

Mortgage Account Number:

Last and First Name(s) of Account Holder(s):

Telephone Number:

Address (Number, Street, City, Province, Postal Code):

Name and Address of Financial Institution:

Transit:

Account Number:

Authorization of Debits

I authorize Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending and the financial institution set out above or any other financial institution I may appoint, to debit periodic mortgage payments in the amount indicated below according to my instructions.

Payment Frequency

Payment Date

Payment Amount

Type of PAD Agreement: ☐ Personal/Individual ☐ Business

Waiver of Notice: I agree to waive any written notice before the first PAD is made or when any change is made to the payment amount because of an interest rate adjustment, renewal or other change.

Other PADs: Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending may draw additional sporadic PADs where authorized by me, for example for a prepayment on the mortgage or to pay a fee. If a debit is dishonored, Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending may re-present a PAD in place of the dishonored PAD in accordance with CPA rules.

Change or Cancellation: I will advise Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending of any changes in this Authorization at least 10 business days prior to the next payment date. I can cancel this Authorization at any time by sending a notice to Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending at least 10 business days prior to the next payment date. The cancellation of this Authorization applies only to the method of payment and will not change or terminate my obligations under the mortgage. I may obtain a sample cancellation form or more information on my right to cancel a PAD agreement by consulting my financial institution or by visiting www.cdnpay.ca. Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending can cancel this Agreement by sending 30-day notice to you. The Authorization can also be cancelled without notice if the financial institution refuses the pre-authorized debits for any reason or you are in default under the mortgage, in accordance with CPA rules.

Authorization to collect and communicate personal information: I consent to the disclosure of the personal information in this Authorization to Advanced Mortgage Investment Corporation and/or Advanced Alternative Lending's financial institution and to the holder from time to time of the mortgage.

Signature(s)

I guarantee that all persons whose signatures are required for this bank account have signed this Authorization.

Reimbursement

I have certain rights of recourse if a PAD does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca.

Signature of Account Holder(s)

Signature of account holder

Date (DD/MM/YYYY)

Signature of account holder

Date (DD/MM/YYYY)

Signature of account holder

Date (DD/MM/YYYY)

Signature of account holder

Date (DD/MM/YYYY)

IMPORTANT: To avoid errors in transcription you must attach a personal cheque marked "VOID", or a Direct Deposit Information form from your financial institution. Your name, address and account number must be pre-printed on the cheque.