

## \$US Funds Transfer Pre-Authorized Debit (PAD) Agreement

**1 Client information**
 Mr.    Mrs.    Miss    Ms    Dr.    Other ▶

Client's name (last, first, middle initial)

**Manulife Bank Account(s)**

Bank Account number

Bank Account number

Bank Account number

**2 Account(s) information**

Manulife Bank of Canada, (the "Bank"), may debit or credit the US Dollar accounts (the "Account(s)") named above held by me/us with the Bank and the following other US Dollar accounts (the "Other Account(s)") held by me/us with the named other Canadian financial institutions below (the "Other Financial Institution(s)") when transferring funds between them, subject to such limits and conditions as are required by the Bank and by the Other Financial Institution(s).

**Other Account(s)**

Other Financial Institution

Branch No.

Institution No.

Account No.

Other Financial Institution

Branch No.

Institution No.

Account No.

Other Financial Institution

Branch No.

Institution No.

Account No.

A specimen personalized cheque, preprinted with your full name(s), from a US Dollar chequing account held at the Other Financial Institution(s), for each of the Other Account(s) marked VOID is attached to this Agreement (mandatory in order to proceed with Funds Transfer). I/We undertake to inform the Bank, in writing, of any change to the Other Account(s) information provided in this Agreement at least five (5) business days prior to the next due date of a funds transfer.

**Transfer instructions**

In order to authorize the Bank to arrange a one time funds transfer or a regular recurring funds transfer, the following information is required. (Please leave blank if you do not wish to arrange a transfer at the date of this Agreement.)

Amount

Start date

End date

 one time transfer

\$

 monthly

 semi-monthly

 weekly

 bi-weekly

From Account

To Account

Amount

Start date

End date

 one time transfer

\$

 monthly

 semi-monthly

 weekly

 bi-weekly

From Account

To Account

Amount

Start date

End date

 one time transfer

\$

 monthly

 semi-monthly

 weekly

 bi-weekly

From Account

To Account

**3 Authorization**

I/We acknowledge that this authorization is provided for the benefit of Manulife Bank of Canada and the Other Financial Institution(s) named above and is provided in consideration of the Bank and the Other Financial Institution(s) agreeing to process funds transfers against my bank accounts, in accordance with the Rules of the Canadian Payments Association or the National Automated Clearing House Association.

**Signatures**

I/We warrant and guarantee that all persons whose signatures are required to sign on the Account(s) or the Other Account(s) have signed this Agreement below.

If the Account(s) or the Other Account(s) are held in joint names, we hereby jointly authorize the Bank to accept instructions from any one of us in accordance with this Agreement and agree that we each are responsible for transactions authorized by the other person.

**Delivery and verification**

I/We acknowledge that provision and delivery of this Agreement to the Bank constitutes delivery by me/us to the Other Financial Institution(s). Any delivery of this Agreement to the Bank constitutes delivery by me/us.

I/We acknowledge that the Other Financial Institution(s) are not required to verify that a funds transfer has been issued in accordance with the particulars of this Agreement including, but not limited to, the amount.

I/We acknowledge that an Other Financial Institution(s) is not required to verify that any purpose of payment for which a funds transfer was issued, which is a debit on an Other Account(s), has been fulfilled by the Bank as a condition to honoring a funds transfer debit issued or caused to be issued by the Bank on the Other Account(s).

**3 Authorization continued****Electronic transfers**

In order to authorize the Bank to arrange electronic funds transfers or to vary or cancel an existing authorization, I/we will contact the Bank by telephone, personal computer or other electronic device as permitted by the Bank. I/We need a password or code to initiate and authorize such transfers or changes, which I/we shall provide to the Bank. By using this password or code, and initiating a funds transfer or change, I/we acknowledge that, I am/we are authorizing the Bank to either transfer funds from the Account(s) to the Other Account(s) or from the Other Account(s) to the Account(s), as the case may be and as specified by me/us or to cancel or vary an authorization as may be applicable.

**Cancellation**

This funds transfer may be cancelled provided notice is received five (5) business days before the next due date of the funds transfer. A sample cancellation form, or further information on my/our right to cancel this funds transfer is available from the Bank or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). Revocation of this authorization does not terminate any contract for goods or services exchanged.

**Confidentiality**

I/We agree that my/our personal information with respect to the Account(s), the Other Account(s) and the Agreement may be disclosed to financial clearing institutions, in order to give effect to this Agreement. Any disclosure will follow the rules of the Canadian Payments Association or the National Automated Clearing House Association.

Client's signature

Date signed (mmm/dd/yyyy)

Client's signature

Date signed (mmm/dd/yyyy)

**4 Contact information**

Manulife Bank of Canada  
 500 King Street North  
 Waterloo, ON N2J 4C6  
 Tel: 1-877-765-2265  
 Fax: 1-866-840-6425