



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize Westboro Mortgage Investment LP, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our mortgage agreement with Westboro Mortgage Investment LP. I/We hereby authorize Westboro MIC to debit the above account for my/our mortgage payment commencing 30 days from the funding of this mortgage, unless otherwise arranged.

First Payment Date: \_\_\_/\_\_\_/\_\_\_ Mortgage Payment: \$\_\_\_\_\_

From this date, my/our payments will be debited from on a monthly/biweekly (please circle) basis.

**All dishonoured payments and due date change requests will be subject to fees. Please refer to the Fee Schedule outlined in the Additional Provisions of your mortgage documents for a breakdown of NSF and Administrative Fees. I/we hereby waive the right to reduce or waive the standard prenotification period for fees charged under the terms of the mortgage agreement.**

This authority is to remain in effect until Westboro Mortgage Investment LP has received written notification from me/us of its change or termination. This notification must be received at least ten (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](http://www.cdnpay.ca).

**Westboro Mortgage Investment LP may assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise. If this authorization is assigned Westboro Mortgage Investment LP at such time will provide the Payor Written notice of the full details of such assignment, including the identity and contact information of the assignee.**

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 recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Please print**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder

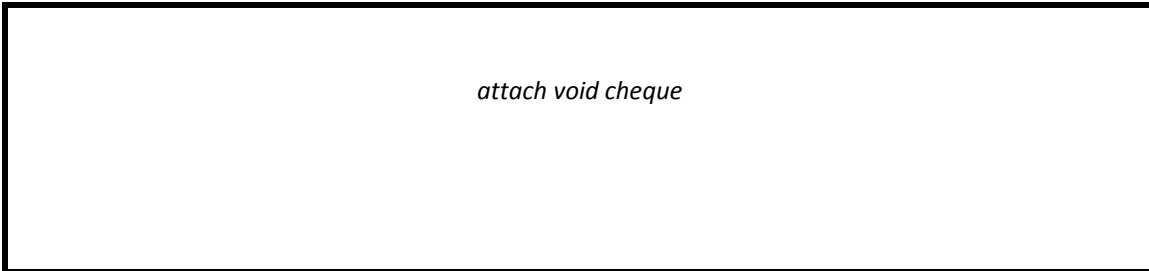
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

Type of Service: Personal \_\_\_\_\_ or Business \_\_\_\_\_ (select one)

**Please debit my bank account:**



**Westboro Mortgage Investment L.P.**

267 Richmond Road -2nd Floor, Ottawa ON K1Z 6X3 Tel: (613) 729-5764 Fax: (613) 729-6433