



Government of Newfoundland and Labrador
Department of Finance
Taxation and Fiscal Policy Branch
Tax Administration Division

TAX ADMINISTRATION DIVISION

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADs) FOR BUSINESS PURPOSES

1. Payor's Name and Address - please print

We warrant and represent that the following information is accurate.

Company Name:		
Street:		
Town:	Postal Code	Telephone #

Name of Payor's Financial Institution (the " Processing Member ")		
Street:		
Town:	Postal Code	Telephone #

We have attached a specimen cheque marked "VOID" to this payor authorization (the **Authorization**).

We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization 10 days prior to the next due date of the PAD.

2. Payee's Name and Address

Government of Newfoundland and Labrador, Tax Administration Division
P.O. Box 8720
St. John's, NL A1B 4K1

3. We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member, and is provided in consideration of the Processing Member agreeing to process debits against our account, as listed above (the "**Account**") in accordance with the Rules of the Canadian Payments Association.

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our signing officers and are empowered to enter into this agreement.

5. We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Canadian Payment Association ("CPA") Rule H1) (the "**PAD**") drawn on the Account, for the following purpose:

6. We may cancel the Authorization at any time upon providing written notice to the Payee. Government requires 10 days prior notice to allow for processing.

7. We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Member. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by us.
8. We waive the pre-notification requirement of the payee to provide to us, with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least ten (10) calendar days before the Payment Date of **every** PAD.
9. The Payee may issue a PAD _____ in a dollar amount up to a maximum of \$ _____. (Insert frequency of debits i. e. monthly, quarterly, semi-annually, annually)
10. We acknowledge that the Processing Member is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
13. We agree that the information contained in the Authorization may be disclosed to government's banker as required to complete any PAD transaction.
14. We understand and accept the terms of participating in this PAD plan.

Company Name

Authorized Signature

Date

Authorized Signature

Privacy Notice: *The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. Any questions or comments can be directed to Tax Administration Division toll free at 1-877-729-6376.*