



New enrollment Change in authorization Cana	rellation of authorization as of
1. Cardholder Information (Please print clearly)	
Name:	
Mailing address:	
City: Province/State:	Postal code:
Telephone number:	
2. Payment Options (Check one)	
Minimum Payment Account Balance, in full	
3. Pre-Authorized Debit (PAD) Account Information	
Visa Account number:	
Deposit Account Number: Transit number:	
Financial Institution number: Chequing account Savings account	
Bank of Canada Number:	
Financial Institution:  Name	
Address	
In this authorization, "you" and "your" refer to each holder of the PAD account who signs this Form. Other terms have the	
meanings set out in the Pre-Authorized Payment Agreement. You authorize us to debit the PAD account for all amounts owed to us from time to time under the TD <i>Visa</i> Account for the payment amount indicated under Payment Options on the Form. You have	
read, understand and agree to the the terms of the Pre-Authorized Payment Agreement which forms part of this Form.	
Signature of accountholder	Signature of joint accountholder
Name (Please print)	Name (Please print)
Date (Month / Day / Year)	Date (Month / Day / Year)

## **IMPORTANT**

You must include a 'VOID" cheque for a Chequing Account or the top portion of your statement for a Savings Account. Your application cannot be processed without it.

If Joint Account, all authorized signatures are required.

When the form is complete, mail or fax to: TD Credit Cards

P.O. Box 300 TD Centre

Toronto, Ontario M5K 1K6

Fax: 1-866-785-2485 or (416) 307-1341