Pre-Authorized Payment Form

☐ New Enrollment ☐ Change in Authorization ☐ Cancellation of Authorization as of _____
Month / Day / Year

1 Cardholder Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ 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

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 Visa Account for the payment amount indicated under Payment Options on the Form. You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement which forms part of this Form.

_____ _____
Signature of Account Holder Signature of Joint Account Holder

_____ _____
Name (Please print) Name (Please print)

_____ _____
Date (Month / Day / Year) Date (Month / Day / Year)

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 Visa
P.O. Box 300
TD Centre
Toronto, Ontario
M5K 1K6
Fax: 1-888-295-4835 or (416) 308-3271