TD Canada Trust

CLEAR FIELDS

TD *Visa* Pre-Authorized Payment

☐ New enrollment ☐ Change in authorization ☐ Cancellation of authorization as of _____
Month / Day / Year

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 *Visa* 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