



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

Client Information - PLEASE PRINT IN BLOCK LETTERS

DATE: _____

Name(s): _____

Phone Number: _____

Home Address (Including Postal Code): _____

Banking Information *PLEASE ATTACH A COPY OF A VOID CHEQUE TO CONFIRM THE ACCOUNT*****

Name of Financial Institution: _____

Bank Number (3 Digits): _____ Transit Number (5 Digits): _____ Account Number: _____

Branch Bank Address (Including Postal Code): _____

I/we authorize Hosper Mortgage Administration Inc., 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 Hosper Mortgage Administration Inc. account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Hosper Mortgage Administration Inc. will provide 10 days written notice of the amount of each regular debit.

Hosper Mortgage Administration Inc. will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Hosper Mortgage Administration Inc. 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.

Hosper Mortgage Administration Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. 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 my/our financial institution or visit www.cdnpay.ca.

Authorized Signature(s): _____

Authorized Signature(s): _____

Hosper Mortgage Administration Inc.

003-06032-1086651

Type of Service: Business