

Pre-Authorized Debit (PAD) Agreement (Personal)

We will complete your request within 10 business days of receiving your completed and signed form. Once your Pre-Authorized Debit (PAD) is active, your payment will be withdrawn on the payment due date each month. Check one of the following options:

New PAD Request **Update Existing PAD**

1. Rogers Bank[™] Mastercard[®] Cardholder Information

Name of Primary Cardholder: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone Number: _____ - _____

Email Address: _____

(if you would like an email to confirm that we received your PAD form and have completed your request, please provide your email address.)

Last 4 digits of your Rogers Bank Mastercard[®] number: XXXX - XXXX - XXXX -

2. Payment Amount

You authorize Rogers Bank to process pre-authorized debits against the bank account from the financial institution identified below each month as indicated on your monthly statement. The payment option you choose below will be withdrawn on or shortly after your due date indicated on your Rogers Bank Mastercard monthly statement, less any payments posted to your Rogers Bank Mastercard account before the payment due date. Check one of the following options:

Minimum Payment shown on each statement **New balance shown on each statement**

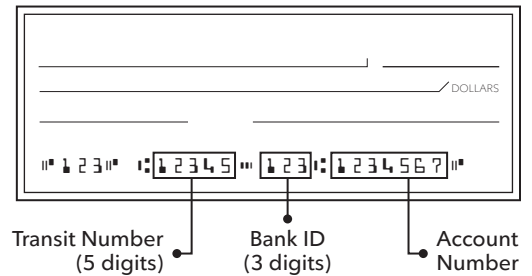
3. Primary Cardholder's Bank Account Information (Canadian dollar chequing account)

Transit Number: _____ **Financial Institution Number (Bank ID):** _____ **Account Number:** _____

Financial Institution Name: _____

Branch Address: _____

IMPORTANT:
You must include a "VOID" cheque.
Your PAD request cannot be processed without it.



4. Authorization to Debit Bank Account

PLEASE READ THE PAD AGREEMENT TERMS IN SECTION 5 AND SIGN BELOW. I acknowledge having read the conditions herein and agree to them. The undersigned agree that all people whose signature is required in connection with the bank account specified above have signed this authorization.

 Signature of Bank Account Holder (Primary Cardholder)

 Signature of Joint Bank Account Holder (if applicable)

 Name (Please Print)

 Name (Please Print)

 Date (dd/mm/yyyy)

 Date (dd/mm/yyyy)

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INSTRUCTIONS

STEP 1: Complete sections 1 to 4 on page 1, print and sign form

STEP 2: Send your completed form and attach your void cheque by:

Email:

RB.customerservice@rci.rogers.com

or Mail:

**Rogers Bank
PO Box 57130
RPO Jackson Square
Hamilton, ON, L8P 4W9**

5. PAD Agreement terms

Authorization

In this Authorization form, “we” means Rogers Bank (as issuer of Rogers Bank Mastercard) and “you” and “your” mean each holder of the bank account indicated on this form and the primary account holder of the Rogers Bank Mastercard, as applicable. By signing this PAD agreement you authorize us to debit your bank account for the purpose of paying your Rogers Bank Mastercard account identified above. You warrant and guarantee that you have provided us with all relevant information in respect of your bank account and that all persons required to sign on behalf of the bank account have signed this Authorization. **You agree that regular monthly payments for the amount (which amount will vary) indicated in section 2 will be debited from the designated account within 2 business days after the due date shown on your Rogers Bank Mastercard monthly statement.** Please note: Your payment amount may not be reflected in your available credit until the payment has cleared your bank account. **You agree to waive the 10 day pre-notification requirement set out in the rules of the Canadian Payments Association for pre-authorized debits and for changes to the amount or payment date of those debits.**

You understand that this Authorization applies only to the method of payment under your Rogers Bank Mastercard account and does not otherwise affect your obligations to us. Cancellation of this Authorization does not relieve you of any obligation that you have to Rogers Bank. This includes any obligation to pay all amounts owing to us by a method of payment that is satisfactory to us. **This Authorization will terminate if any two consecutive pre-authorized debit payments are returned to us as dishonoured payments and you agree to pay us any applicable fees.**

Cancellation Rights

You may cancel your authorization of the Pre-Authorized Debit (PAD) Agreement (Personal) at any time subject to providing us with 30 days prior notice. To cancel this Pre-Authorized Debit (PAD) Agreement please contact us at 1 855 775-2265 or provide written notice. For more information on your rights to cancel a Pre-Authorized Debit (PAD) Agreement or to obtain a sample of a cancellation form, please contact your financial institution or visit www.payments.ca.

Recourse Rights

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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.payments.ca.

Changes to Existing PAD

Change Bank Account Information

To change any of your bank account information, you must complete and resubmit a new Pre-Authorized Debit (PAD) Agreement (Personal) form in accordance with the terms set forth.

Change Payment Amount

To change the payment amount (‘Minimum payment’ or ‘New balance’), in section 2 of this form, call customer care at 1 855 775-2265 to complete the request.

If you have any questions, please refer to the [Help Topics here](#) or contact customer care at 1 855 775-2265.