



**Pre-Authorized Debit ("PAD") Authorization/Third Party Payment Authorization Form (for Third Party Payor)**

<b>Lessee(s) Name:</b>	<b>Contract No.:</b>
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**THIRD PARTY AUTHORIZATION SECTION (Complete if Applicable)**

**Lessee(s) Authorization**

The Lessee(s) hereby request(s) that GM Financial accept payments and other sums due and owing by the Lessee(s) to GM Financial under the contract identified above (the "Contract"), from

\_\_\_\_\_ (Insert Third Party Payor Name)

until such time as the Lessee(s) advise(s) GM Financial otherwise. The Lessee(s) acknowledge(s) that the Lessee(s) continue(s) to be the Lessee(s) under the Contract, that the Lessee(s) continue(s) to be liable for all obligations owing under the Contract and that the personal information of the Lessee(s) may be disclosed to the third party payor only for the purposes of administering the Contract.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Lessee Signature: \_\_\_\_\_ Co-Lessee Signature: \_\_\_\_\_

**THIRD PARTY PAYOR AUTHORIZATION**

I hereby acknowledge that I will be paying the payments and other sums due and owing under the Contract by the Lessee(s) in accordance with the Pre-Authorized Debit Authorization below and that my personal information may be disclosed by GM Financial to the Lessee(s) and to third parties as reasonably necessary for the purposes of administering the Contract and this Third Party Payment Authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_ Signature of Third Party Payor: \_\_\_\_\_

**PRE-AUTHORIZED DEBIT ("PAD") AUTHORIZATION**

This authorization is provided in connection with payment of amounts due under the contract identified above (the "Contract").

The undersigned accountholders ("you" and "your") hereby authorize GM Financial on its own behalf or as an agent for any assignee to make withdrawals from your bank account set out on the attached "Void Cheque" or any other bank account that you may identify to GM Financial from time to time (the "Account") for: (i) the amount of each payment due under the Contract on or shortly after its payment due date (each, a "Scheduled Debit Date") as set out in the Contract; and (ii) any other amount that may become due under the Contract from time to time (including, without limitation, interest on overdue amounts, default charges, and NSF charges) on the next Scheduled Debit Date. If your Scheduled Debit Date falls on a weekend or holiday, you agree that GM Financial may debit the Account on or shortly after the next business day or, if your Scheduled Debit Date falls on the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>, in months that have less days, your Scheduled Debit Date will be the last day of that specific month. You acknowledge that GM Financial may contact you to obtain a separate authorization for any withdrawal on a date that is not a Scheduled Debit Date. If any debit is dishonoured by your bank for any reason, you agree that GM Financial is entitled to issue another debit in substitution for the dishonoured debit.

This authorization is to remain in effect until GM Financial has received written confirmation from you of its change or termination. You may cancel this authorization upon ten (10) days' written notice to GM Financial before the next Scheduled Debit Date; however the Lessee/Co-Lessee remain obligated to pay to GM Financial all amounts due or owing under the Contract. You may obtain a sample cancellation form, or more information on your right to cancel this PAD agreement at your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

You have certain recourse rights if any debit does not comply with this PAD authorization. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD authorization. For more information on your recourse rights, you may contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

You consent to the disclosure to GM Financial and GM Financial's financial institution of any personal information relating to the Account. **GM Financial may assign this authorization to another person or entity without notice to you, unless notice is required by law. You understand that GM Financial will not notify you in advance of any withdrawal and you agree to waive all pre-notification requirements in respect of all withdrawals to be drawn under this authorization.**

**PLEASE COMPLETE THE FOLLOWING:**

**PAD CATEGORY (CHECK ONE):**  PERSONAL  BUSINESS

PRINT NAME: _____	PRINT NAME: _____
DATE: _____	DATE: _____
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE

**ALL DEPOSITORS MUST SIGN IF MORE THAN ONE SIGNATURE IS REQUIRED. PLEASE ATTACH A SAMPLE OF YOUR CHEQUE WITH "VOID" WRITTEN ON IT.**

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