GM Financial of Canada Ltd. Pre Authorized Debit Plan

How the Plan Works

You will continue to receive your monthly billing statement approximately 10 to 14 days before the payment due date. Your bank will deduct the monthly payment amount from your chequing or savings account on a mutually agreed upon payment date and forward the funds to GM Financial. This transaction will be processed every month while your loan is outstanding regardless of whether your account is then current or paid ahead. Because the last monthly payment may be more or less than the scheduled payment depending upon your schedule, you may request to receive prior notice if such final transfer will vary more than 25% from the monthly payment amount that appears in your Motor Vehicle Contract.

How to Apply

Complete the Authorization Agreement section of this form and attach the appropriate document as noted below:

Chequing Account Attach a voided cheque

Savings Account Attach a letter from your bank on bank letterhead and signed by an authorized bank representative, detailing your bank account and transit numbers.

Mail the bottom half of this form and required documentation to:

GM Financial Attn: APP DEPT PO Box 183621 Arlington, TX 76096-3621 or fax to 1-877-581-6055

Email to: autopay@GMFinancial.com

Note: To avoid delays, please return this form in a separate envelope from your regularly scheduled monthly payment.

When Will the Service Become Effective

After the form and proper documentation have been received, approximately 20 days are required to establish this service with your bank. Once established, you will receive a confirmation letter or the following message will appear on your monthly billing statement: "Your account is on our Automatic Payment Plan. Your payment will be automatically deducted from your bank account on your due date."

When Will the Service Terminate

If any monthly payment is not received by the second electronic presentment or if you should file for bankruptcy, you will no longer be eligible to participate in this program. It will then be necessary for you to remit your monthly payments in a timely manner (unless you have filed bankruptcy). Your participation in the Plan will automatically cease upon account payoff.

To Cancel Service

To cancel your participation in the Plan, please call the Customer Service Department at 1-800-284-2271. Your cancellation request must be received at least 5 days prior to your payment date to ensure cancellation. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

If you should cancel your participation in the Plan, you are then responsible to remit your monthly payment on or before your assigned due date.

or letter from your bank (signed by an authorized bank

Questions

If you should have any questions regarding this program, please contact our Customer Service Department at 1-800-284-2271,

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.cdnpay.ca.

PARTICIPATION IN THE AUTOMATIC PAYMENT PLAN IS VOLUNTARY AND NOT A CONDITION TO AN EXTENSION OF CREDIT BY GM FINANCIAL OF CANADA LTD.

Authorization Agreement for Pre-Authorized Debit Plan

I hereby authorize General Motors Financial of Canada, Ltd. to debit my bank account indicated below each month on my assigned due date for the payment amount that appears on my Motor Vehicle Contract. I understand that the debit for my last monthly payment may be more or less than the scheduled payment, depending upon my payment schedule, and I have the right to receive prior notice of any transfers that vary in amount. By signing below, I agree to waive any right to prior notice of such variance if it is within 25% of the monthly payment set forth in my Motor Vehicle Contract. I also authorize my financial institution, as identified below, to debit the same amount from my account.

Financial Institution Information Please type or print in ink the following information	Customer Information Type of Service ⊠ Personal □ Business
Name of Financial Institution	GM Financial Account Number
Telephone Number	Name on Account (Must be buyer or co-buyer as disclosed on the Motor Vehicle Contract.)
City Province Postal Code	Address
Type of account: (Please check appropriate box):	
\square Chequing – Please attach a voided cheque with this form.	City State Zip
Savings – Please provide a letter from your bank with your name, bank account number and transit number.	Signature (Must be an authorized signer on the bank account.) Date
	Complete this form and return or fax with a voided cheque

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