Authorization Re: Pre-Authorized Debit

You (which in this section only of this Application also includes any person who has signed below as holder of a PAD Account (defined below)) authorize us to debit your account indicated below or such other replacement account as indicated on a new void specimen cheque provided by you (each, a "PAD Account"), with the amount of each regular installment payment of principal and interest on the due date thereof, and any other amounts that you may owe to us from time to time under the attached Agreement. The amount and timing of these regular payments are as set out in the section of the Agreement titled Payment Information. In each case, if the date that such debit is to be made is not a business day, then the debit will be made on the next business day.

Name and Address of Processing Institution: _____

Processing Institution Number: **Transit Number:** **Account Number:**

_____ _____ _____

THE FOREGOING PAYMENT AMOUNTS AND THE DUE DATES THEREOF MAY CHANGE, BUT BY SIGNING THIS PAD AUTHORIZATION YOU WAIVE ANY REQUIREMENT THAT WE PROVIDE YOU WITH PRIOR NOTICE OF ANY SUCH CHANGE(S). You also authorize us from time to time to debit the PAD Account for prepayments and other amounts, which authorization will require a password, secret code or other equivalent of your signature which will constitute valid authorization for the Processing Institution to debit the PAD Account for such amounts. You acknowledge that this Authorization is for the purposes of personal pre-authorized debits.

You acknowledge that this Authorization is being provided for our benefit and the benefit of the Processing Institution, and is being provided in consideration of such Processing Institution agreeing to process pre-authorized debit requests (each, a "PAD") against the PAD Account in accordance with the rules of the Canadian Payments Association.

You may cancel this Authorization at any time by giving 30 days prior notice to the TD Canada Trust Branch indicated above. Such notice may be in writing or may be given orally (if we are able to verify your identity). If you cancel this Authorization and do not provide us with alternative pre-authorized debit instructions acceptable to us at least two weeks before the next date that a debit is to be made, you must still arrange for payments to be made in accordance with the terms of the Loan Agreement between you and us dated the same date as this Application (the "Loan Agreement"). This Authorization only applies to the method of payment under the Loan Agreement and neither this Authorization nor cancellation thereof affects your obligations under the Loan Agreement. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, you may contact your financial institution or visit www.cdnpay.ca.

You acknowledge: (i) that this authorization to us also constitutes delivery thereof by you to the Processing Institution, and (ii) that the Processing Institution is not required to verify that each PAD submitted by us has been issued in accordance with this Authorization (including the amount) or that the purpose of the payment for which a PAD was made has been fulfilled as a condition of honouring a PAD.

You may dispute a PAD if: (i) it was not drawn in accordance with this Authorization or (ii) you have cancelled this Authorization. In order to be reimbursed for a disputed PAD, you must provide a written declaration that either (i) or (ii) above took place, and deliver it to the Processing Institution within 90 days after the date that the disputed PAD was posted to the PAD Account, and if you do not, the disputed PAD must be resolved between yourself and us. You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed this Authorization or have provided a separate authorization, and you agree to provide us with updated information in writing concerning any change to the PAD Account.

You may contact us by mail at TD Investment Lending Services, 55 King St. W., 28th Floor, TD Tower, Toronto ON M5K 1A2, by fax at 1-866-294-7662, by telephone at 1-800-450-3935, or by email at tdinvtln@td.com.

Date: _____

_____ _____

Account holder name Account holder name

_____ _____

Signature of PAD Account Holder Signature of PAD Joint Account Holder