中国工商银行 (加拿大)
INDUSTRIAL AND COMMERCIAL BANK OF CHINA (CANADA)

Pre-Authorized Debit Payment Authorization

_____ **Branch**

Customer Information

Customer Name   Account No.

Pre-Authorized Debit Payment Details

The pre-authorized debit will be processed to the following account for ❑ Personal use   ❑ Business use

Account * _____   _____   _____   ❑ Chequing ❑ Savings
Account No.   Transit No.   Financial Institution No.

* A specimen cheque for this account marked "VOID" shall be attached to this authorization.

Financial Institution Name _____

Branch Address _____

Start date _____ for payments of regular loan instalment and all charges and interests

Payment Frequency   ❑ Monthly   ❑ Semi-monthly   ❑ Bi-weekly   ❑ Weekly

Declaration & Signature(s)

I/We hereby
1) Authorize Industrial and Commercial Bank of China (Canada) ("the Bank") to proceed with the debit payment as per instructions specified in this authorization until further notice from me/us;
2) undertake to inform the Bank of any change with respect to the debit account information provided in this authorization at least ten (10) business days before the next regular debit payment date;
3) acknowledge that I/we may revoke this authorization at any time, subject to providing written notice to the Bank at least ten (10) business days before the next regular debit payment date, revocation of this authorization does not by itself terminate my/our loan agreement with the Bank;
4) acknowledge that if a payment is returned unpaid, no further debits may be made under this authorization unless the loan has been brought up-to-date;
5) agree that this authorization may be terminated by the Bank if regular periodic debits are dishonoured;
6) acknowledge that, if the day on which a debit is authorized to be presented is not a business day, my/our account will not be debited until the next business day;
7) acknowledge that I/we have certain recourse rights if any debit does not comply with instructions specified in this authorization; and
8) acknowledge receiving a copy of this authorization.

Authorized Signature(s)   Date

For Bank Use Only			
Date Processed	Processed by	Checked by	For completion by Operations Department

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