



Personal Pre-Authorized Debit Plan

Authorization for Brasil Remittance to Direct Debit a Client Account

Instructions

1. Please complete all sections of application in order to instruct your financial institution to make payments to Brasil Remittance from your bank account.
2. Return completed form with a blank cheque marked "VOID" to the Payee at the address or email below.

| Client (Payor) Information | | |
|----------------------------|----------|-------------|
| Name | | |
| Address | | |
| City | Province | Postal Code |

| Client (Payor) Banking Information | | | |
|------------------------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | Common Institution # 001 Bank of Montreal 002 Scotiabank 003 Royal Bank 004 TD Canada Trust 010 CIBC |
| Branch Number | Institution # | Account Number | |
| Name of Financial Institution | | | |
| Branch Address | | | |

| Payee Information |
|--|
| Payments will be made to the account of: |
| Brasil Remittance Inc. 1458 Dundas St W. Toronto, ON M6J 1Y6 brasilremittance@bellnet.ca |
| Purpose of Payment: Transfer Overseas for Personal Use |



| Payment Information | |
|----------------------------|--|
| How much? | Please specify whether the payment is a: <input type="checkbox"/> Fixed Amount (Please specify) Amount: CAD\$ _____ OR <input type="checkbox"/> Variable Amount: If variable, please specify whether there is a maximum amount, or indicate N/A if there is no maximum amount Maximum: CAD\$ _____ |
| How often? | Occurring at (Please check one): <input type="checkbox"/> Set Intervals: Please indicate specific timing (eg. Weekly, bi-weekly, monthly) _____ <input type="checkbox"/> Sporadic Intervals (Random) Secret Code: _____ |
| Adjustable? | Are top-ups or adjustments permissible? (Please check one) <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please initial the points below:

_____ I agree to participate in this Pre-Authorized Debit Plan and I authorize Brasil Remittance Inc. and the financial institution designated to begin deduction as per my instructions for payment of transfers overseas from my bank account identified above.

_____ I may revoke or cancel this agreement at any time by providing Brasil Remittance with written notification of any change or termination. I may obtain a sample cancelation form or more information on my right to cancel a PAD agreement at my financial institution or by visiting www.cdnpay.ca.

_____ I may dispute a PAD if any debit does not comply with this agreement. I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

_____ I agree that with respect to Sporadic PAD, a password or secret code will be issued or provided and shall constitute valid authorization for Brasil Remittance to debit my account.

_____ I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below.

Authorized Signature: _____

Date of Agreement (MM/DD/YYYY): _____