

Authorization for Consumer HSBC MasterCard® Pre-Authorized Debit Plan

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Instructions:

- Read the Pre-Authorized Debit (PAD) Agreement Terms and complete all sections below. Each account holder must sign this authorization.
- Attach a blank cheque marked "VOID" or the top portion of your personal account statement and drop it off at any HSBC Bank Canada branch, or mail or fax the authorization and void cheque to HSBC MasterCard Customer Service :P.O. Box 20, Station M, Montreal, QC H1V 3L6 or Fax: 1-866-371-4722
- If you have any questions, please call HSBC MasterCard Customer Service at 1-866-406-4722.
- Make a note of the amount you have elected and retain the PAD Agreement Terms for your records.

PAD Agreement Terms

1. Each account holder named below (referred to as "I", "me" or "my") authorize HSBC Bank Canada ("HSBC") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for amounts owing under my HSBC MasterCard account. I acknowledge and agree that my HSBC MasterCard is for personal use.
2. Regular monthly payments for the amount indicated below (which amount will vary) will be debited to the designated account on the due date shown on my HSBC MasterCard monthly statement. HSBC will provide at least 10 days written notice of the amount of each regular debit. The monthly MasterCard statement will be considered such written notice.
3. I may request a change to the amount of PADs by my direct action (such as, but not limited to, a telephone instruction or other remote means). In addition, HSBC will obtain my authorization for any other one-time or sporadic debits. I understand that no pre-notification will be provided in any of these circumstances.
4. This Authorization is to remain in effect until HSBC has received written notification from me of any change or termination. I may revoke the authorization at any time on 30 days written notice delivered by me to HSBC. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. I agree the Authorization applies only to the method of payment and does not have any bearing on the amount owing to HSBC.
6. HSBC may assign this Agreement, directly or indirectly, by operation of law, change of control or otherwise to any person; provided that HSBC shall provide at least 10 days prior notice to me of any such assignment, including the identity and contact information of the assignee.
7. I have certain recourse rights if any debit does not comply with this agreement. For example, 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. PADs are administered by HSBC Bank Canada on behalf of HSBC.

Please retain upper portion for your records. ✂

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Cardholder Information

HSBC MasterCard Number: _____
Primary Cardholder Name (print): _____
Primary Cardholder Signature: _____

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Financial Institution/Banking Information

Financial Institution: _____ Account Number: _____ Branch Transit: _____

Please print Account Holder name(s) (personal deposit account only) in full. At least one Account Holder must be the cardholder named above. Both Account Holders must sign this PAD Agreement if the designated account is a joint account.

Account Holder name (print): _____ Account Holder name (print): _____

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Amount of Monthly Regularly Recurring Debit (Choose one):

- Minimum monthly payment due as shown on my monthly statement
OR
 The total outstanding balance (the New Balance) as shown on my monthly statement

QUEBEC ONLY: It is the express wish of the parties that this agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

MM/DD/YY X _____ MM/DD/YY X _____
Signature of Account Holder Signature of Account Holder

IMPORTANT: YOU MUST ENCLOSE A BLANK CHEQUE MARKED "VOID" OR THE TOP PORTION OF YOUR PERSONAL ACCOUNT STATEMENT WITH THIS AUTHORIZATION.

HSBC 
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