

Authorization for Personal HSBC Mastercard® Pre-Authorized Debit Plan

Instructions

- Read the Pre-Authorized Debit (PAD) Agreement Terms and complete all sections below. Each account holder must sign this authorization.
- To set up your PAD Plan, you can email us the completed form at HSBCMastercardPAD@hsbc.ca, visit any HSBC Bank Canada branch or mail us at:

HSBC Mastercard (Pre-Authorized Debit Plan)
PO Box 20 Station M
Montreal, QC H1V 3L6
- For funds to be debited from a bank account at another financial institution, please provide a blank cheque marked "VOID" or the top portion of your account statement (must show all account holder names, address, account number and financial institution)

Note: Any images or attachments must be clearly readable
- If you have any questions, please call HSBC Mastercard at 1-866-406-4722.
- Make a note of the payment amount you have selected and keep this document for your records.

PAD Agreement Terms

1. I authorize HSBC Bank Canada (**HSBC**) to begin deductions as I've instructed from the designated account below, for making regular monthly payments to my HSBC Mastercard account. I confirm my HSBC Mastercard is for personal use.
2. Regular monthly payments for the amount indicated below will be deducted from 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 recurring payment – the monthly Mastercard statement will be considered as written notice.
3. I may request a change to the amount of PADs (by giving instructions by phone or other methods). In addition, HSBC will obtain my authorization for any other one-time 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 notification from me of any change or termination. I may revoke the authorization at any time by providing HSBC with 30 days' notice.
5. I can obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution, or by visiting www.payments.ca.
6. I agree the Authorization applies only to the method of payment and does not affect the amount owing to HSBC.
7. HSBC may assign this Agreement to another person (including a corporation) as long as HSBC gives me at least 10 days' advance notice, and tells me the identity and contact information of the person the Agreement is being assigned to.
8. I have certain recourse rights if any debit doesn't 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 more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.



Cardholder Information

New Enrolment Change Payment Account

HSBC MasterCard Number: _____

Primary Cardholder Telephone Number: _____ Email Address: _____

Primary Cardholder Name (print): _____

Primary Cardholder Signature: _____

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): _____

Amount of Regular Monthly Payment (Choose one):

Minimum monthly payment due as shown on my monthly statement. OR

The total outstanding 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 _____ _____ ^X _____
Signature of Account Holder MM/DD/YY Signature of Account Holder

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