

IMPORTANT: If your chequing or savings account is a joint account, all authorized signatures are required. You confirm that you have read, understand and agree to the Terms and Conditions of this PAD Agreement both above and below.

Signature of account holder

Signature of joint account holder

Name (Please print)

Name (Please print)

Date (Month / Day / Year)

Date (Month / Day / Year)

Login ID (For branch completion only)

Branch Number (For branch completion only)

Once completed, please print, sign and mail or fax this PAD Agreement to the address or applicable fax number set out below. If you have any difficulties with completing this PAD Agreement, simply bring it in to your local TD Canada Trust branch:

TD Canada Trust

Personal Credit Card: 1-877-941-4033

P.O. Box 337 STN A

Business Credit Card: 1-877-941-8689

Orangeville ON L9W 9Z9

Commercial Credit Card only: 905-214-0681 / 1-888-996-0939

PAD Agreement Terms & Conditions

1. Definitions

In addition to the defined terms set out above, in this PAD Agreement:

"*We*", "*us*", "*our*", and "*TD*" refer to The Toronto-Dominion Bank and its successors or assigns.

"*You*" and "*your*" refer to each holder of the PAD Account.

2. Acknowledgements

You acknowledge that:

(i) If this PAD is used for payment of a business TD Credit Card Account with us, it is a Business PAD;

(ii) If this PAD is used for payment of a personal TD Credit Card Account with us, it is a Personal PAD;

(iii) This Agreement is being entered into for our benefit and the benefit of any financial institution that holds the PAD Account (the "**PAD Institution**"), and is being entered into in consideration of the PAD Institution agreeing to process PADs against the PAD Account in accordance with the rules of the Canadian Payments Association;

(iv) TD may issue a PAD monthly;

(v) Delivery of this PAD to us constitutes delivery by you to the PAD Institution;

(vi) The PAD Institution (if other than TD) is not required to verify that each PAD submitted by us has been issued in accordance with this PAD, including the Payment Amount, or that the purpose of payment for which the PAD was submitted has been fulfilled by us as a condition of honouring the PAD; and

(vii) AS THE PAYMENT AMOUNT IS VARIABLE, YOU WAIVE ANY REQUIREMENT THAT TD GIVE PRE-NOTIFICATION OF ANY PAYMENT AMOUNT.

3. Accuracy

You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed this PAD Agreement and that the information set out above in this PAD Agreement with respect to the PAD Account is accurate and complete. You will notify us in writing (by completing a new PAD Agreement) of any change in such information at least 30 days prior to the next due date of a PAD.

4. Cancellation Rights

You may cancel this PAD at any time by giving us 30 days prior written notice. Such written notice may be provided by completing a new PAD Agreement. For more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

5. Recourse Rights

You have certain recourse rights if any PAD does not comply with this PAD Agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.