

Pre-Authorized Debit Agreement

1. Customer Information

Name of Buyer/Lessee	LesseeName of Co-Buyer/Co-Lessee	
Instalment Contract / Lease Contract for VIN	("Contract")	
Ford Credit Account Number (if available)		
2. Bank Account Information		
Deposit Account Number	Branch Transit Number	
Financial Institution Number	_	
Financial Institution Name	Branch Address	
3. Pre-Authorized Debit ("PAD") Details		
Road Leasing Company for lease contracts (in either case	r for retail contracts or Ford Credit Canada Leasing, a division of Canadian se, "Ford Credit") to debit the bank account identified above for (i) the ly after its payment due date (a "Scheduled Debit Date") as set out in the	

In addition, you acknowledge that Ford Credit may contact you to obtain a separate authorization for any debit that Ford Credit seeks to draw on a date that is not a Scheduled Debit Date for an amount other than a regular payment under the Contract.

You agree to waive your right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of PADs before the debit is processed.

Contract and (ii) any other amount that may become due under the Contract, or as otherwise authorized by you, on the next

These services are for the Customer's (check one)	[] Personal Use	[] Business Use
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You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days; however, if you cancel this authorization, you will remain obligated to pay Ford Credit all amounts due or owing under the Contract. We may also cancel this PAD agreement if your account is more than 30 days past due or is otherwise delinquent. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca.

4. Date and Signature

Scheduled Debit Date.

By signing below, you confirm you are the account holder/authorized party and authorize Ford Credit to debit the amounts described above on the Scheduled Debit Dates without further notification in advance of such debits. You further affirm that all required authorizations are provided below.

Signature of Account Holder:

Name (please print):

Date (dd mm yyyy):

Phone Number*:

Signature of Joint Account Holder (if applicable):

Name (please print):

Date (dd mm yyyy):

Phone Number*:

Phone Number required if the bank account holder(s) is not the Buyer/Lessee or the Co-Buyer/Co-Lessee.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

5. Form must be received 5 days prior to your next scheduled payment due date. Send the form to:

Ford Credit Canada / Ford Credit Canada Leasing	Tel: 1-877-636-7346
PO Box 8651 STN Main	Fax: 1-866-341-0119
Concord, ON L4K 0N8	https://www.ford.ca/finance/