



PRE-AUTHORIZED PAYMENT AUTHORIZATION

BORROWER INFORMATION

Name(s)	
Address	
City	
Prov.	Postal Code

AFSC Loan Number (ENVOY Subscription number)

_ _ _ _ - _ _ _ _ _ _ _ _

FINANCIAL INSTITUTION

Name	
Branch Address City	
Prov.	Postal Code _ _ _ _ - _ _ _ _
Transit Number _ _ _ _ _ _ _ _ Bank Number _ _ _ _ Account Number _ _ _ _ _ _ _ _ _ _ _ _ _	
Note: Please attach a specimen Cheque marked "void"	

AUTHORIZATION

- I/We (the "Borrowers") hereby authorize (the "Authorization") Agriculture Financial Services Corporation ("AFSC") to debit the above account beginning _____ and the _____ day of each and any month payments are due, including payments of principal, interest, fees or any other costs with respect to the loan in accordance with the terms of the loan in the Loan Offer and as amended from time to time (the "Payment Agreement").
- The Borrower authorizes AFSC to re-present any payments, which may have been returned by my Financial Institution for the reason of insufficient funds.
- The Borrower agrees that delivery of this Authorization to AFSC constitutes delivery to the Financial Institution. The Financial Institution is not required to verify that any payments drawn by AFSC are in accordance with the Payment Agreement made between the Borrower and AFSC.
- The Borrower undertakes to notify AFSC, in writing, of any change in the Account or Financial Institution specified above.
- The Borrower may amend or cancel this Authorization at any time by providing a minimum five (5) business days notice in writing to AFSC. Such cancellation shall not in any way terminate any of the Borrower's remaining obligations under the Loan at the time of cancellation.
- The Borrower warrants that all persons whose signatures are required to sign on the above account have signed this Authorization. The Borrower acknowledges that this Authorization clearly states that these Pre-Authorized Payments are Business related.
- The Borrower acknowledges that transmission of a facsimile execution of this Authorization to AFSC is acceptable. The Borrower also confirms receiving or retaining a signed copy of this Authorization.

BORROWER NAME: _____
 (Signature(s) as required on cheques issued against this bank account)

_____ Dated: _____

_____ Dated: _____

Freedom of Information and Protection of Privacy Act.

The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and is protected by the *Freedom of Information and Protection of Privacy Act (FOIP Act)*. Your information is protected by and is subject to the provisions of the *FOIP Act*. AFSC will use your information to establish pre-authorized payments for any loan(s) made. If you have any questions about the collection and use of this information, contact any AFSC Lending Office through the Alberta government RITE line: 310-0000.