



Authorization for Personal Pre-Authorized Debit (PAD) Service

Instructions:

1. Please complete all sections in order to make payments directly from your chequing account.
2. Please read the Authorization terms and sign this form.
3. Please return the completed form with a blank cheque marked "VOID" to our toll free fax or address below:
 MBNA Canada Bank
 P.O. Box 9625 STN T
 Ottawa, Ontario K1G 9Z9

 Toll Free Fax: 1-800-871-0994
4. If you have any questions, please call our customer service line at 1-888-876-6262; 24-hours a day, seven days a week.

To change your account information, you must complete a new Authorization and submit a new "VOID" cheque. Please allow 10 days for us to complete your request. If you want to cancel or change the amount of a pending payment, please call our toll free customer service number. You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. You may evoke your Authorization at any time, subject to providing notice of 30 days to MBNA. 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.cdnmpay.ca.

You can select up to 3 MBNA Canada Accounts - Please enter your 16 or 14 digit account number (s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Payment Options	<input type="checkbox"/>	Minimum Payment*	<input type="text"/>
	<input type="checkbox"/>	Total New Balance*	<input type="text"/>
	<input type="checkbox"/>	Fixed Amount:	<input type="text"/>
Payment Options	<input type="checkbox"/>	Minimum Payment*	<input type="text"/>
	<input type="checkbox"/>	Total New Balance*	<input type="text"/>
	<input type="checkbox"/>	Fixed Amount:	<input type="text"/>
Payment Options	<input type="checkbox"/>	Minimum Payment*	<input type="text"/>
	<input type="checkbox"/>	Total New Balance*	<input type="text"/>
	<input type="checkbox"/>	Fixed Amount:	<input type="text"/>

* As indicated on my monthly statement. Payment option selected will be withdrawn on my due date as indicated on my monthly statement. The payment will be withdrawn regardless of any other payment I make on my MBNA Canada Account.

Customer Information

Name: _____
 Home Address: _____

 Home Telephone Number: _____

Customer Chequing Account Information (please include a "VOID" cheque)

Account Number: _____
 Branch Transit Number (5 digits): _____
 Branch Institution Number (3 digits): _____
 Financial Institution Name: _____
 Financial Institution Address: _____

Authorization

I/ We, the chequing account holder(s) signing below, authorize MBNA to debit my/our chequing account for the purpose of paying the MBNA account(s) defined above. The debits may be processed at such times and in such amounts as I/we may authorize. I/ We warrant and guarantee that I/we have provided MBNA with all relevant information in respect of my/our chequing account and that all persons required to sign on the chequing account have signed this Authorization. **I/ We agree to waive all pre-notification requirements.** I/ We agree that if any debit authorized under this Authorization is returned unprocessed or is rejected for any reason, MBNA may re-present the debit for Authorization and may initiate another debit in the amount of its returned payment fee as set out in the account agreement that applies to my/our MBNA account. I/ We agree that if MBNA sells, assigns or transfers my MBNA account, this Authorization may be assigned to the person or entity to whom my MBNA account is sold, assigned or transferred.

Signature of Chequing Account Holder: _____
 Name (please print): _____
 Date: _____

 Signature of Joint Account Holder: _____
 Name (please print): _____
 Date: _____

Attach VOID Cheque Here

For up-to-the minute account information, including other payment options available to you, please enroll your MBNA Canada accounts in our convenient online banking. Visit us at: www.onlineaccess.ca