



Authorization for Personal Pre-Authorized Debit (PAD) Service

Instructions:

1. Please complete all of the sections below 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
 PO 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, 7 days a week.

To change your account information, you must complete a new enrollment form and submit a new cheque marked "VOID". Please allow 10 days for us to complete your request. If you want to cancel a pending payment, please call our toll free customer service number. Please remember to make alternate payment arrangements to ensure your MBNA account remains in good standing. You have certain recourse rights if any debit does not comply with this Authorization. Contact your financial institution for information or visit www.cdnpay.ca.

MBNA Account Numbers (please select up to 3; enter your 16 or 14 digit account number (s) below)

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

* As indicated on my statement. The selected payment option 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.

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

Name: _____
 Home Telephone Number: _____
 Transit / Branch / Account Number: _____
 Name and Address of Bank: _____

Joint Chequing Account Holder Information (please complete only if required)

Name of Joint Chequing Account Holder: _____
 Home Telephone Number: _____

Authorization

I/ We, the chequing account holder(s) signing below, authorize MBNA Canada to debit my/our chequing account for the purpose of paying the MBNA Canada 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 Canada 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 any and all prenotification requirements (including, but not limited to, those relating to the assignment of this Authorization and in any case where this Authorization was entered into remotely, any time restrictions associated with initiating the debit), that may exist. This Authorization may be revoked on 30 days notice to MBNA Canada. Should the MBNA Canada account(s) be past due at time of enrollment in this agreement, a fee of \$7 will be charged.

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

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

Attach a Cheque Marked VOID 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