



CitiPay Direct Debit Enrolment Form

CitiPay®, an easier way to pay your Citi™ MasterCard®¹ Account

Fast. Convenient. No extra charge. CitiPay automatically transfers money from your regular Chequing account to your Citi MasterCard account on the due date. You'll avoid lineups and never have a late payment again! Choose one of four payment options: Minimum Payment Due, Total New Balance, a Fixed Amount (not less than the Minimum Payment Due, please!) or a Sporadic payment amount.

YES, I want to enrol in CitiPay.

PERSONAL INFORMATION - Please print

First Name	Initial(s)	Last Name
(Area Code) Home Telephone	Citi MasterCard Account Number	

BANK ACCOUNT INFORMATION FROM WHICH I WISH TO PAY MY CITI MASTERCARD ACCOUNT BILL

Financial Institution:	Name:	Branch Address:
Bank Account Number:	Branch Transit Number:	
Financial Institution Number:	<input type="checkbox"/> Chequing Account	<input type="checkbox"/> Savings Account

Name(s) of Chequing Account Owner(s)

Payee: Citi Cards Canada Inc.

PLEASE ATTACH A VOID CHEQUE FOR VERIFICATION PURPOSES

I wish to pay (check one):

Total Balance Due on my monthly statement

Minimum payment due on my monthly statement

Fixed Amount: \$ _____

Sporadic: (You must still provide us with specific authorization for each and every such Sporadic PAD)

The services are for (check one):

Personal Business Use

CitiPay Authorization and Terms and Conditions

In this authorization, "I", "me", and "my" refers to each Account Holder who signs below. "You", "your" means the "Payee", "Citi Cards Canada Inc."

- I authorize Citi Cards Canada Inc., and any of its successors or assigns to draw a debit in paper, electronic or other form (a "PAD") for the purpose of making payment of my Citi MasterCard Account (or any other amounts I may owe to the Payee from time to time), on my account indicated above (the "Account") at the financial institution indicated above (the "Financial Institution") and I authorize the Financial Institution to honour and pay such PADs.
- This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
- I agree that any direction I may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
- I may revoke this Authorization at any time by giving not less than thirty (30) calendar days prior written notice of revocation to the Payee, Citi Cards Canada, Inc., at its address located at: Citi MasterCard, P.O. Box 2050, Station B, Mississauga, ON L4Y 0B3, Attention: Customer Services, or by calling 1-800-387-1616. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnipay.ca.
- I agree that my Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any PAD.
- I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information, which may be contained in this Authorization to such financial institution.
- I understand that a PAD may also be issued (or the amount of an existing PAD may be changed) in response to my direct action (such as, but not limited to a telephone instruction, or other remote means) requesting the Payee to issue a PAD (or change the amount of an existing PAD) in full or partial payment of a billing received by me.
- I agree to waive any and all pre-notification requirements with respect any PAD to the extent permitted under the Rules of the Canadian Payments Association.**
- I have certain recourse rights if any PAD does not comply with this Agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnipay.ca. I may dispute a PAD by providing a signed declaration to my Financial Institution under the following conditions: a) the PAD was not drawn in accordance with this Authorization; b) this Authorization was revoked. I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed PAD, I must sign a declaration to the effect that either (a) or (b) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed PAD.
- I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for PADs.
- I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
- I understand and agree to the foregoing terms and conditions. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Name of Account Holder	Signature	Date
Name of Account Holder	Signature	Date

Complete and return this form to: Citi MasterCard, P.O. Box 2050, Station B, Mississauga, ON L4Y 0B3

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Always at Your Service
 Call 1-800-387-1616 or visit www.citicards.ca