



**JOHN DEERE**

**PRE-AUTHORIZED PAYMENT PLAN  
AUTHORIZATION FOR BUSINESS USE**

3430 Superior Court  
Oakville, Ontario L6L 0C4  
Phone: (905) 319-9100; Fax: (905) 319-1809

**TO: EACH OF JOHN DEERE FINANCIAL INC. AND JOHN DEERE CANADA ULC**

This authorization is provided for your benefit and the benefit of the financial institution named below (and/or any other financial institution I (we) may authorize at any time) (the "Financial Institution") in consideration of the Financial Institution agreeing to process debits against the account described below (the "Account") in accordance with the rules of the *Canadian Payments Association*. This authorization includes the specified amount(s) and intervals for payments to you under the agreements entered into with you or assigned to you, which agreement(s) are attached and incorporated by reference herein (the "Agreements"). I (We) hereby authorize you and the Financial Institution to draw on the Account for payment of such amounts under the Agreements, commencing the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I (We) warrant and guarantee that all persons whose signatures are required to authorize this authorization have signed below. I (We) acknowledge that delivery of this authorization to you constitutes delivery to the Financial Institution. I (We) acknowledge that the Financial Institution is not required to verify that a pre-authorized debit ("PAD") has been issued in accordance with the particulars of this authorization, or that the purposes for which this authorization is given have been fulfilled by you, before debiting the Account. I (We) have certain recourse rights if any debit does not comply with this agreement. For example, I (We) 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 my (our) recourse rights, I (we) may contact the Financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). You may disclose the information contained in this authorization to the Financial Institution. I (We) confirm my (our) express wish that this authorization and all documents related thereto be drawn up in English. Les parties confirment leur volonté expresse de voir la présente autorisation et tous les documents s'y rattachant être rédigés en anglais.

I (We) understand that I (we) may revoke this authorization at any time by notifying you at least 10 days before the next PAD is scheduled. I (We) understand that a sample cancellation form and further information on my (our) right to cancel a PAD may be obtained from the Financial Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I (We) also understand that this authorization applies only to the method by which I (we) pay you and does not affect any agreement for the supply of goods or services between us. I (We) will give you written notice of any change in the Account information provided in this authorization prior to the next due date of a PAD. **I (We) agree to waive any obligation you may have to send to me (us) pre-notification(s) of the amount(s) to be debited, the due date(s) of debiting, and any other notice(s) under the rules of the *Canadian Payments Association*.**

**CUSTOMER INFORMATION**

Name / Address: \_\_\_\_\_  
\_\_\_\_\_

**NAME OF FINANCIAL INSTITUTION**

Name / Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Current  Chequing  (check one)

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Branch/Transit Number

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Institution Number

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Account Number

**\*\*\*PLEASE PROVIDE A SAMPLE CHEQUE MARKED "VOID"\*\*\***

**DATED** this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

AGREED:

\_\_\_\_\_  
Print Full Legal Name of Customer

By: \_\_\_\_\_  
Signing Officer's Signature, Name and Title

\_\_\_\_\_  
Print Full Legal Name of Customer

By: \_\_\_\_\_  
Signing Officer's Signature, Name and Title