

Borrower:	Loan / Lease No:
Address	Date

Pre Authorized Payment Agreement for Contract of Sale in Instalment (CSI), Conditional Sale Agreement (CSA), Credit Agreement (CA) or Retail Lease Agreement (Lease)

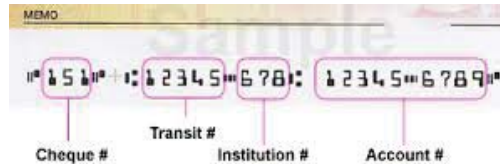
You authorize us to effect withdrawals from the account identified below in the amount of \$ _____ payable _____ (frequency) beginning _____ and continuing until all amounts payable under the Loan/Lease are paid in full or this authorization is revoked.

Signature _____	Print Name _____
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Bank Account Information Personal Business Alternate Payor

Institution Number	Transit Number	Account Number	Bank Address
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NOTE: Please attach a sample of your cheque with "VOID" written on it (if available)



Alternate Payor Authorization

I, _____ (borrower) request that Scotiabank accept payments on Loan/Lease # _____ from _____ (Alternate Payor) until such time that I advise you otherwise for payment of all amounts payable under the contract identified below to Scotiabank under this Pre-Authorized Payment Plan. The Alternate Payor hereby acknowledges that they will be paying the sums due and owing on behalf of the borrower set out above.

I, _____ (borrower) acknowledge and agree that I continue to be liable for all obligations owing. The Alternate Payor and Borrower acknowledge and agree that if payments are not made as agreed, the Borrower will be notified and required to make necessary arrangements.

Where the authorization of the Alternate Payor is provided on behalf of a Business, the undersigned has the full power and authority to bind _____ (the "Company") _____ (Company address)

and to authorize these payments on behalf of the Company. Note: All account depositors must sign if more than one signature is required on account. **A copy of the VOID cheque and the Business Resolution must accompany this request.**

Borrower Signature	Print Name	Relationship of Alternate Payor to Borrower
Alternate Payor Authorized Signature	Print Name	Title (if applicable)
Alternate Payor Authorized Signature	Print Name	Title (if applicable)

You may cancel this authorization at any time by providing us with no less than 30 days prior notice. You may obtain a sample cancellation form or further information on your right to cancel this authorization, at your Financial Institution where you maintain your Account or by visiting www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this authorization. For example, you have the right to reimbursement for any debit that is not authorized or is not consistent with this authorization. To obtain more information on your recourse rights, you may contact your Financial Institution or visit www.cdnpay.ca. You may contact us at 1-888-777-6842 to provide notices, make enquiries, obtain information or seek recourse with respect to any debits under this authorization.

In this agreement, "**you**" and "**your**" mean each person who signs this Agreement, and "**we**", "**our**" and "**us**" mean The Bank of Nova Scotia. "**Loan**" means the loan or lease referred to above. All Terms and Conditions previously agreed to on the original contract remain in place.