PRE-AUTHORIZED DEBIT("PAD") AUTHORIZATION

Customer Name:			Contract No.:	
Address:	City:	Province:	Postal Code:	
PRE-AU	THORIZED DEBIT ('	PAD") AUTHORIZATION		
This authorization is provided in connection with pays	ment of amounts due und	er the contract identified above (th	e "Contract").	
The undersigned accountholders ("you" and "your withdrawals from your bank account set out on the atto time (the "Account") for: (i) the amount of each p Date") as set out in the Contract; and (ii) any other interest on overdue amounts, default charges, and N you to obtain a separate authorization for any withdreason, you agree that GM Financial is entitled to iss. This authorization is to remain in effect until GM Financial to upon ten (10) days' written notice to 0.	attached "Void Cheque" of ayment due under the Corramount that may becom NSF charges) on the next awal on a date that is not sue another debit in substitutional has received writter	or any other bank account that you ntract on or shortly after its payme the due under the Contract from the Scheduled Debit Date. You acknow a Scheduled Debit Date. If any distribution for the dishonoured debit.	u may identify to GM Financial from time ent due date (each, a "Scheduled Debit me to time (including, without limitation, nowledge that GM Financial may contact ebit is dishonoured by your bank for any ange or termination. You may cancel this	
Financial all amounts due or owing under the Contra agreement at your financial institution or by visiting w	ct. You may obtain a sam			
You have certain recourse rights if any debit does not any PAD that is not authorized or is not consistent of financial institution or visit www.cdnpay.ca . You distributed information relating to the Account. GM Financial not is required by law. You understand that GM Financial notification requirements in respect of all withdrays.	with this PAD authorization consent to the disclosure nay assign this authorization in notify	on. For more information on your to GM Financial and GM Financ ation to another person or entity you in advance of any withdra	recourse rights, you may contact your ial's financial institution of any personal y without notice to you, unless notice	
PL	EASE COMPLETE	THE FOLLOWING:		
PAD CATEGORY (Check one):	⊒ Personal	□ Business		
PRINT NAME:	Р	RINT NAME:		
DATE:	D D	ATE:		
ALL DEPOSITORS MUST SIGN IF MOR	E THAN ONE SIGNA	TUDE IS DECUIDED DI	AUTHORIZED SIGNATURE	
		OID" WRITTEN ON IT.	EASE ATTAUM A SAWIPLE UP	

GM Financial Canada Leasing Ltd. / Société de Location GM Financial Canada Ltée (Lease Customers)
General Motors Financial of Canada, Ltd. / Financière General Motors du Canada Ltée (Finance Customers)
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