



PRE-AUTHORIZED DEBIT AGREEMENT
PAYOR'S PAD AGREEMENT

PRA account holder name and reference number

Table with 4 columns: Last and first name(s) of account holders, Reference No., Address (street, city, province), Postal code, The name of the financial institution of the Payor, Branch No., Institution No., Account No.

Withdrawal authorization

I, the undersigned (if a legal person, herein represented by its duly authorized representatives(s)), authorize PRA Group Canada Inc. to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following intervals (check all that apply):

Frequency options: Weekly Fridays, Bi-weekly Fridays Starting, Monthly, Single One-Time. Includes date fields for starting and payment dates.

Select the date for payments to be withdrawn each month. Options: 1st, 10th, 15th, 20th, 30th.

Each withdrawal will correspond to a fixed amount of \$_____, until (check one): [] Agreed Balance Owing is Paid OR [] Date (mm/dd/yyyy)

[] I authorize the final payment to be adjusted to a lower amount than indicated above.

This payment is a (check one): [] Personal/Individual PAD OR [] Business PAD

Waiver:

[] I acknowledge the terms and conditions of this Pre-Authorized Debit agreement and waive all other confirmation before the first payment.

Cancellation:

I, the Payor, may revoke this authorization at any time, with a pre-notification of 5 business days in writing or by phone. I understand and agree that to obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I have to contact my financial institution or visit the Canadian Payments Association website at www.payments.ca.

For the Province of Quebec only: I request that this Agreement and any related documents be drafted in English. Je demande que la présente convention et tous les documents s'y rattachant soient rédigés en anglais.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or consistent with this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.payments.ca.

Signature of financial account holder(s)

Signature lines for Account holder name (please print), Account holder signature, Date (mm/dd/yyyy) for both first and second account holders.

IMPORTANT: Attach a personal cheque marked "VOID" or PAD form provided by your financial institution to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.

When this form is complete, mail, fax or email to:

Payee - Contact information

Contact information table for PRA Group Canada Inc. including Name of Organization, Email address, Address, Fax No., and Telephone No.

Thank you for your continued commitment towards the repayment of your account(s).