One Time Payment Cat Financial Commercial Account Corporation

Please com	plete the Pre-Autl	horized Debit (I	PAD) Plan agr	eement below.		
I/We may authorize at any time) to	deduct as per my/ou	ir instructions for	one-time paymer	nated (or any other financial institution at or payment of all charges arising authorization for any one-time debit.		
Cat Financial Commercial Account control or otherwise, without provide				rectly, by operation of law, change of		
	consistent with this P	AD Agreement. T	o obtain a form	pple, I/we have the right to receive any for a Reimbursement Claim, or for mor www.cdnpay.ca		
PLEASE PRINT		DATE:				
Name(s):		Commercial A	Account Accoun	nt Number:		
One time payment of \$	CAD.			Business		
Address:						
City/Town:	Province: Postal Code:					
Phone Number: (Bus.)	· · · · · · · · · · · · · · · · · · ·	(Res.)				
Financial Institution (FI):						
FI Account Number:	t Number: F			FI Transit Number:		
Address:			,	-5 digits; FI – 3 digits)		
				Postal Code:		
Authorized Signature(s):						
	Cat Finar Attention: C 2120 Nash	ncial Commercia Operations Depar O West End Ave aville, TN 37203 86-5024 Fax: 1- cialAccount.Ope	tment 888-244-0294	om		
Ple	ase attached vo	oided check to	insure accu	ıracy		
		LEGEND				
Date and Signature	4	4 Amount/Timing				
Authorization to Debit	Specific Account	5	Contact Infor	mation		

Recourse Statement

PAD Category (personal, business, funds transfer)