

I/We authorize the Aliant Pioneer Lottery, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for payment of all charges arising from the purchase of 2016/2017 Lottery ticket(s) including all regular bills, reconciliation bills, and final bills issued upon closure of my account. Regular payments for the full amount of tickets ordered will be debited to my/our specified account <#> days after the billing date.

10 equal monthly payments starting in January 2017

1 ticket \$120 _____ 2 tickets- \$240 _____ 3 tickets - \$360 _____

This authority is to remain in effect until the Aliant Pioneer Lottery has received full payment for tickets purchased.

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 PAD that is not authorized or is not consistent with this PAD Agreement.

PERSONAL INFORMATION: (Please Print)

Name(s): _____

Member Number: _____

Address: _____ City/Town: _____

Postal Code: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Signature: _____ Date: _____

Signature*: _____ Date: _____

These services are for (check one): Personal Use _____ Business Use _____

I am/We are Applying for a Pre-Authorized Payment Plan _____

Changing information on my existing plan _____

****For joint accounts where more than one signature is required on cheques, all account holders must sign.***

BANKING INFORMATION:

Name of Financial Institution: _____

Transit Number (5 digits): _____

Institution Number (3 digits): _____

Account Number: _____

Complete this form, **attach a void cheque** and mail it to:

Bell Aliant Pioneer Lottery
Attention: KellyAnne Beaton-Snailham
5201 Duke St Upper Mall, PO Box 880
Halifax NS B3J 2W3