

I / we authorize 5C Capital Inc. and the financial institution designated (or any other financial institution I / WE may authorize at any time) to debit the bank account identified below for \$_____ on the 1st of every month or the next business day beginning _____ 1st, 20____. You may deduct payments as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our mortgage account.

1. Customer Information (please print clearly):

RESCO Mortgage Investment Corporation Mortgage Number:

First Name

First Name

Last Name

Last Name

Address

Address

City Province Postal Code

City Province Postal Code

Telephone number

Telephone number

2. Pre-Authorized Debit (PAD) Banking Information

Please provide us with a cheque marked VOID drawn on the account where you would like the mortgage payments taken from or fill out the banking information below:

Chequing account Savings account

Financial Institution:

Branch Address:

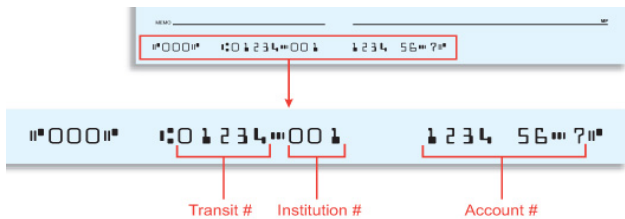
Transit Number

Financial Institution Number

Bank Account Number

How to find your banking information on a cheque:

This service is for (check one): Personal Business



In this authorization, "you" and "your" refer to each holder of the PAD account who signs this Form. You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement that forms part of this Form. If Joint Account, all authorized signatures are required.

Signature of account holder

Signature of account holder

Date

Date

Pre-Authorized Payment Agreement

AS THE PAYMENT AMOUNT MIGHT VARY, YOU WAIVE ANY REQUIREMENT THAT 5C CAPITAL INC. GIVE PRE-NOTIFICATION OF ANY PAYMENT AMOUNT.

You may cancel this authorization at any time by giving us 30 days prior notice. Such notice may be in writing or may be given orally (if we are able to verify your identity). To obtain a sample cancellation form, or for more information on your rights to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca. Cancellation of this authorization does not terminate your mortgage account with RESCO Mortgage Investment Corporation or relieve you of any obligation to pay all amounts owing to us by a method of payment that is satisfactory to us. This authorization applies only to the method of payment and does not otherwise affect your obligations to us.

You acknowledge that this authorization to us constitutes delivery by you to the PAD Institution. You acknowledge that the PAD Institution is not required to verify that each PAD submitted by us has been issued in accordance with this authorization, including, but not limited to, the amount, or that the purpose of payment for which the PAD was submitted has been fulfilled by us as a condition of honouring the PAD.

5C Capital Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca. You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed the Form and that the information set out on the Form with regard to the PAD account is accurate and complete. You undertake to notify us in writing of any change in such information at least two (2) weeks prior to the next due date of a PAD.

Questions? Please call or contact us:

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