

LINCOURT MANOR INC.
1 Chipman Street, P.O. Box 116
St. Stephen, N.B. E3L 2W9

Pre-Authorized Debit Agreement

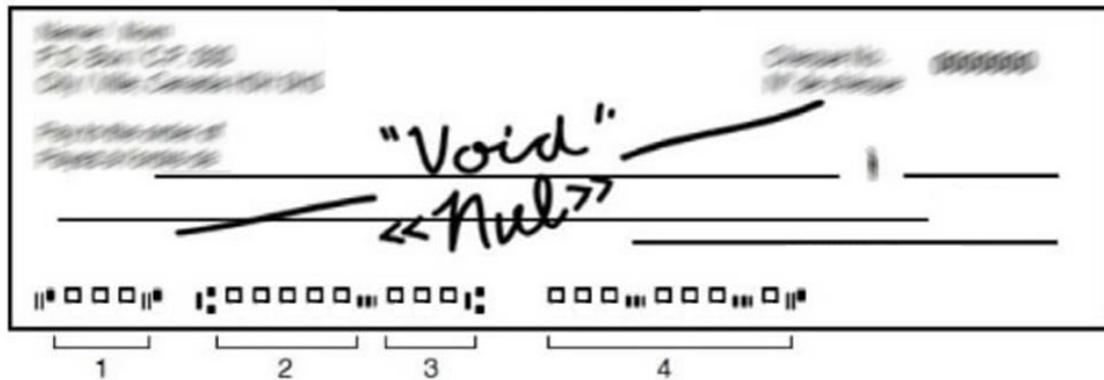
I authorize Lincourt Manor Inc. and Royal Bank of Canada to begin deductions, as per my Instructions, for monthly recurring charges for payment of the cost of care of: _____.

Regular monthly payments will be debited to the specified account on the last business day of each month.

The authority is to remain in effect until Lincourt Manor Inc. has received written notification from me of its change or termination or until the individual is no longer a resident of Lincourt Manor Inc. and all amounts owing are paid in full. Notification must be received at least 10 business days before the next debit is scheduled.

You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE FORM



Branch No. (5 digits) _____

Institution/Transit No. (3 digits) _____

Account No. _____

Name(s) of Account Holder(s) _____

Financial institution's stamp here:

Authorized Signature(s):

