PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM

INVESTOR INFORMATION

Investor Name(s) _____

Business Name (if applicable) _____

Address _____

City _____ **Province** _____ **Postal Code** _____

Phone _____ **Email** _____

PAYMENT – AMOUNT TO BE DEBITED FROM BANK ACCOUNT

One Time Payment Amount $ _____ **CAD**

BANK ACCOUNT DETAILS

Type of Account ☐ Personal ☐ Business

Institution Number _____ (3 digits) **Transit Number** _____ (5 digits) **Account Number** _____

Name of Financial Institution _____

Branch Address _____

PLEASE ATTACH A VOID CHEQUE TO THIS DOCUMENT

"I/we authorize the Company, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions and/or direct deposits and/or refunds from time to time as per my/our instructions as set out herein, and/or payments as the case may be, for payment of all charges and/or refunds arising under my/our account(s) and arrangements and agreements with the Company. Refunds and/or payments for the full amount of services delivered will be credited/debited to my/our specified account as specified herein. This authority is to remain in effect until the Company has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days (but not longer than thirty (30) days) before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel an Electronic Funds Transfer (EFT) Agreement at my/our financial institution or by visiting www.payments.ca. The Company 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. 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 Electronic Funds Transfer that is not authorized or is not consistent with this Electronic Funds Transfer (EFT) Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca further by signing below, you represent and warrant as follows:

1) That you will not hold the Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or by your financial institution or due to an error on the part of your financial institution in depositing funds to your Account;

2) That you waive any pre-notification requirements as specified by sections 15 (a) and (b) of the Canadian Payments Associate Rule H1 with regards to recovering amounts directly from your Account in connection with amounts incorrectly credited to your Account.

3) Where payments, funds transfer or refunds are in relation to personal services (other than business services) this authorization shall be considered a personal preauthorized debit agreement."

AUTHORIZATION

Name _____ **Signature** _____ **Date** _____

Name _____ **Signature** _____ **Date** _____