

INSTRUCTIONS

- The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
- The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf.

Go to Section E. Appendix 2, Transaction Types. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days). PAYOR/PAYEE INFORMATION (Mandatory) Account Holder Name(s) (the "Payor") Address (street, city, province, postal code) Phone No. Email Address same as Payor Pavee Name (the "Pavee") Address (street, city, province, postal code) Phone No. **Email Address** Specimen cheque marked "VOID" attached. **PAYMENT DETAILS** Payor Financial Institution Name and Address (the "Processing Institution") CPA Payment Type (Choose one only.) Description of PAD (optional) Transaction Personal PAD Type Code **Business PAD Funds Transfer PAD** Amount of Payment Dates ☐ Fixed Weekly beginning Payor Account (The Payor's account at the Processing Institution; the "Account".) ■ Bi-weekly beginning Institution No. Branch ID Account No. Monthly beginning 0 Other* Variable (Maximum Payee Account (Payee's account for credit — complete if known.) Amount): Institution No. | Branch ID Account No. 0 Sporadic *Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD. AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.) on page 2, acknowledges understanding the terms and conditions of this I/We acknowledge that this agreement is provided for the benefit of the agreement, and agrees to be bound by the terms and conditions of this "Payee" and "Processing Institution" and is provided in consideration of agreement, including the terms and conditions on page 2. the Processing Institution agreeing to process debits ("PADs") against I/We warrant and guarantee that the person(s) whose signature(s) are the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). required to sign on the Account have signed the agreement. By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions Date Payor Signature Date Payor Signature WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS.) I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment. Payor Signature Payor Signature days notice is required before the next PAD will be issued. Cannot exceed 30 days.) CANCEL PAYMENT (The Payor hereby cancels this Payor's PAD Agreement effective:

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Date

Date

Payor Signature

Pavor Signature