

Pre-Authorized Debit Agreement

1. Payor's Information (Please Print or Type Clearly)

Payor's name

Street Address

City

Province

Postal Code

Phone number

Email address

2. Payor's Financial Institution Information (Please Print or Type Clearly)

Account Number

Transit Number

Name of Financial Institution

Account Type (check one):

Personal

Business

3. Pre-Authorized Debit Details

GoCardless LTD has been contracted by _____ ("COMPANY"). You, the Payor, authorize GoCardless LTD to debit the bank account identified above and, if necessary, electronically credit your account to correct erroneous debits for (select one):

a single (one-time) entry (any subsequent PAD(s) require a newly Authorized Payor's PAD Agreement)

recurring entries (that recur at regular intervals without my affirmative action to initiate future entries)

Amount of debit(s) or method of determining amount of debit(s): \$

Number of debit(s):

Frequency of debit(s):

Start date: / /

You have waived your right to receive pre-notification of the amount of the PAD and agreed that you do not require advance notice of the amount of PADs before the debit is processed.

sporadic entries (initiated under the terms of this PAD Agreement)

You will be notified of the amount and date of debit 10 days in advance of each sporadic debit by COMPANY.

GoCardless LTD may appear in the Payor's banking information as the debtor of the PAD. You, the Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

You, the Payor, may revoke your authorization at any time by notifying COMPANY (Merchant) by _____ (insert process), subject to providing notice of _____ (insert period not to exceed 30 days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca. COMPANY (Merchant) may also cancel this PAD Agreement on not less than _____ days' notice to you.

Signature of Account Holder

Name (Please Print)

Date (MM/DD/YYYY) / /

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 PAD Agreement. To obtain more information on your resource rights, you may contact your financial institution or visit www.payments.ca.

COMPANY (Merchant) Name

Attention Customer Billing Department

COMPANY Address

COMPANY Telephone Number

COMPANY email address