

1363669 ONTARIO Inc. / CPPI Group
82 Church St. S, Ajax, ON, L1S 6B3
Tel: (905) 686-0470 Fax: 1-877-503-9850
mpoon@cppigroup.com

**Pre-Authorized Debits (PADs)
Payee's PAD Agreement**

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize 1363669 Ontario Inc. / CPPI Group and the financial institution designated (or any other financial institution that I/we may authorize at any time) to being deductions 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 account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the _____ day of each month. 1363669 Ontario Inc. / CPPI Group will obtain my/our authorization for any other one-time or specific debits.

This authority is to remain in effect until 1363669 Ontario Inc. / CPPI Group has received written notice from me/us of its change or termination. This notice must be received at least thirty (30) business days before the next debit is scheduled at the address provided. I/we may obtain a sample cancellation form, or more information on my rights to cancel a PAD at my/our financial institution or by visiting cdnpay.ca

1363669 Ontario Inc./CPPI Group may not assign this authorization 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 PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we contact my/our financial institution or visit cdnpay.ca

PLEASE PRINT:

Date: _____

Name(s): _____ Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (Bus.): _____ (Res.): _____

Email: _____

Financial Institution (FI): _____

Account Number: _____ Transit Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

----- PLEASE ATTACH A VOID CHEQUE -----