



Canada Pre-Authorized Debit Agreement ("PAD")

I _____ the undersigned (hereinafter defined as "Customer", "I", "Our", "We", "Me", or "My") hereby authorize Secure Payment Systems ("SPS") to act as agent for _____ ("Merchant") for the purpose of initiating a one-time or recurring electronic EFT debit to Customer's personal or business checking or savings account on the date(s) such authorization is received by Merchant and where such authorization is validly given and complies with both Canadian law as applicable and the Canadian Payment Association Operating Rules. Customer provides this consent solely for refunds/credits initiated by SPS on behalf of Merchant as well as for the payment of goods and/or services provided under this Agreement ("Agreement") or any other agreement initiated by and between Customer and Merchant.

CUSTOMER INFORMATION

Personal Account Business Account Business Name _____

Customer Name (Name of Authorized Signer): _____

Street Address: _____

City, Province, Postal Code: _____

Financial Institution Name: _____

Name on Account _____
Bank Transit # / Institution # _____ - _____ Account # _____

Optional: Invoice # _____ Name on Invoice (if different from above) _____

Amount of Debit: \$ _____ Recurring With a Variable Amount: Y N

Account Type: Checking or Savings

Frequency: (eg. One-time, Weekly, Bi-weekly, Monthly, Variable) _____

Beginning Process Date: _____ Ending Process Date: _____

AGREEMENT

I acknowledge that I am an authorized signer on behalf of the business or personal account shown above, that My/Our depository account listed above is open and accepts electronic debits, and that I am of legal age to enter into this Agreement. I understand that I am liable to Merchant for the entire amount shown above plus a twenty-five dollar (\$25.00) service charge (or the maximum allowed by state or provincial law) in the event an electronic EFT debit is not honored when presented to My financial institution for payment. I acknowledge that any debit (either for the principal amount shown above or a service charge in the event of its dishonor) failing to clear may be re-presented electronically at the sole discretion of Merchant and that no further authorization will be necessary to execute such electronic re-presentation under this Agreement. In the event subsequent attempts to debit this processing fee are additionally dishonored then I/We shall make immediate payment to Merchant or SPS when so requested.

I authorize My financial institution to debit the above depository account and pay SPS (on behalf of Merchant) by electronic EFT funds transfer the amount(s) due. I acknowledge that this EFT debit or series of EFT debits will be initiated immediately upon receipt of this debit authorization (or if on a weekend or bank holiday then the following business day). I understand that I am permitted to revoke this EFT debit authorization at any time by providing Merchant with not less than five (5) business days advance notice, either in writing or by phone, so as to afford Merchant reasonable time to act upon such revocation request and agree upon alternative payment arrangements. I acknowledge that I have the right to dispute the validity of either a prior debit or future scheduled transaction and that I may contact Merchant at () - - - - - during normal business hours to resolve such inquiry.

Authorized By _____ Date _____
Customer Signature (Authorized Signer)

Printed Name _____ Title (if drawn on a Business Account)