



Canada Pre-Authorized Debit/Credit 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 or credit to Merchant's personal or business checking or savings account on the date(s) such authorization is received by Merchant or SPS and where such authorization is validly given by an authorized party and complies with Canadian law as applicable as well as the Canadian Payment Association Operating Rules. Customer additionally provides this consent for refunds/credits initiated by SPS on behalf of Merchant as well as for the payment of goods and/or services, if any, 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)