

DIRECT PAYMENT SERVICE ENROLLMENT AUTHORIZATION FORM

Please fill in and return this form to the Company with one of your personal cheques unsigned and marked VOID (for verification purposes).

I/WE

Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

AUTHORIZE

Name of Company (the "Company")

Address _____

City _____ Province _____ Postal Code _____

TO DEBIT MY/OUR ACCOUNT, ACCOUNT NUMBER _____

Held at _____

Name of Financial Institution

Branch Address

Transit No.

For the purpose of: _____

(Fixed Amounts) IN THE FIXED AMOUNT OF \$ _____ , payable _____ (frequency) beginning _____ (date).

(Variable Amounts) FOR VARIABLE AMOUNTS NOT TO EXCEED \$ _____ , payable _____ (frequency) beginning _____ (date).

I/We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature

Date

Signature *

Date

*For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

TERMS AND CONDITIONS

I/We will notify the Company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Company.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Company to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be re-imbursed if:

- (a) this debit was not drawn in accordance with this authorization;
- (b) this authorization has been terminated; or
- (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Company.

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the Company constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.