

PRE-AUTHORIZED PAYMENT FORM

	Personal/Household P	AD 🛛 Business PAE	D Plan No.:	
Pay	or Name(s):			
City, Prov.:			Postal Code:	
-		t (Pacific Rim Administr	ration Services Ltd.) to process	
1.	Fixed Amount:	\$	or	
2.	Variable Amount:	\$		
	n "variable payment amo s prior to the processing	unt XXX" being shown o	n the monthly billing sent out a	t a minimum of 10
Pre-Authorized Payment starts (month):			, 20	
PLE	ASE ATTACH A CHEQU	E MARKED VOID		
Bank Account No.:			Transit Number:	
Name of Bank:			Institution No.:	
Ban				
Name of Authorized Signing Officer (s):				
Signature:			Date:	
-	(auth	orized signing officer(s)	Date:	/mm/dd
Term	s & Conditions:			
			here are no charges to enroll in the plan. T	

This pre-authorized payment plan is for the convenience of our client. There are no charges to enroll in the plan. The client certifies that the information provided in the authorization is correct and that the client will notify Pacific First in the event of any changes. The client certifies that his/her bank account is in good standing with sufficient funds to cover pre-authorized payments as they come due. All pre-authorized payments will be drawn on Canadian financial institutions only and will be withdrawn in Canadian funds. The automatic withdrawal is processed on the 15th of each month (or next business day) for the amounts due as outlined on the billing sent or the predetermined fixed amount authorized. Additional fees apply for dishonoured items.

This agreement can be terminated upon 30 days written notification, at any time by either the client or Pacific First. Upon termination, any amount due shall be paid directly and immediately to Pacific First. Cancellation of pre-authorization payments does not constitute cancellation of services by Pacific First and the client shall be liable for any past, present or future amounts owing.

"You (or I/We depending on the context) have certain recourse rights if any debit does not comply with this agreement. For example, you (I/We) 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 (My/Our) recourse rights, I/We may contact your (My/Our) financial institution or visit <u>www.cdnpay.ca</u>".