SCHEDULE E

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Customer Account number: _____

2. Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Chequing ☐ Savings ☐

Branch Transit Number: ☐☐☐☐☐ Financial Institution Number: ☐☐☐☐

Financial Institution: Name _____

Branch Address _____

3. Pre-Authorized Debit (PAD) Details

Payment Schedule and Amount: I/We understand and agree that monthly payments will be processed via EFT on the due date specified on each invoice. Invoices will be generated and sent to the Payor during the first week of each month, detailing the amounts due for the respective period. The amount of each debit will correspond to the total amount due as indicated on the invoice.

These services are for (check one) ____ personal _____ business use.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

_____ _____

Signature of Account Holder | Signature of Joint Account Holder (if appropriate)

_____ _____

Name (Please print) | Name (Please print)

_____ _____

Date | Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail to: ap@mountainx.ca Your information Address, city, province, postal code, phone and email.