

## PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. Customer Information:		
Name:		
Street Name		
City:	Province:	Postal:
Telephone:		
2 Bank Account Information:		
Bank Name:		
Bank Address		
City:	Province:	Postal:
Financial Institution Number (3 digits):		
Transit (5 digits):		
Account Number (up to 12 digits, inc leading 0's):		

## 3. PAD INFORMATION

I/we authorize Redman Technologies INC to debit funds from my/our account for regular recurring payments and/or one-time payments from time to time, or payment of all charges arising under my/our account. Unless agreed otherwise, debits will take place on the 10th of each month. I/we understand that ATB Financial (the processor of the transactions) processes all transactions and I/we expressly waive any legislative or regulatory requirement for notification of when

the transactions are processed. A debit of a variable amount may be drawn from my/our account on or after the agreed upon due date. Transaction dates that fall on a weekend or holiday will be processed the next business day.

This authority will remain in effect until Redman Technologies INC has received notification from me/us of its change or termination. Such notification must be received at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Signature of Account Holder:
Name:
Date:

## PLEASE EMAIL A VOID CHEQUE TO my@redmantech.com

