

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Terms and Conditions:

- 1. I acknowledge that I am participating in a PAD plan established by Worldline and that I participate in this PAD plan upon all terms and conditions set out herein. Worldline reserves the right to reject my application or discontinue the PAD service.
- 2. I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this PAD Agreement.
- 3. I acknowledge that this PAD authorization is provided for the benefit of Worldline and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my bank account in accordance with the rules of the Canadian Payments Association.
- 4. I acknowledge that the present PAD Agreement applies solely to the method of payment between me and Worldline, and that the PAD Agreement and any cancellation of that Agreement will not have any effect whatsoever with respect to any contract for goods and services between me and Worldline and will not terminate any other obligation that I may have with Worldline.
- 5. I hereby authorize Worldline and its processing institution to debit my bank account on the 1st day of each month for all recurring monthly fees and/or charges for services provided by Worldline both fixed and variable; and/or any one-time sporadic debit of any kind (eg. a "catch-up" payment on previous outstanding fees for 1st time PAD enrolment, NSF administration fee, etc.) as authorized by me. I understand that the amount of said debit may increase or decrease over time due to changes in usage, rates, taxes and adjustments. I acknowledge that delivery of this authorization to Worldline constitutes delivery by me to the processing institution.
- 6. I understand that this authority is to remain in effect until Worldline has received written notification from me to its change or termination. The notification must be delivered to the office of Worldline at least fourteen (14) business days in advance of the next PAD withdrawal. I may obtain a cancellation form or more information on my right to cancel my PAD Agreement by contacting my financial institution or by visiting www.cdnpay.ca.
- 7. I undertake to inform Worldline verbally of any change in the account (eg. account closure, change of account number, etc.) or other information (eg. mailing address, phone number etc.) provided in this authorization.
- 8. I understand that a NSF administration fee will apply to my account should my PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my responsibility to ensure the balance in my bank account is sufficient to cover the PADs.
- 9. I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I 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 my our recourse rights I may contact my financial institution or visit www.cdnpay.ca.
- 10. I understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me, processing payments, providing services, and complying with legal requirements. I hereby authorize Worldline to collect, use and disclose my personal information for these purposes.

Please Retain This Page For Your Reference. Thank You.



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Account Number:			
Name:		Mailing Address:	
City:	Provinc	e:	Postal Code:
Contact:	Phone:		
Fax:	Email Address	S:	
Banking Information:			
Financial Institution Name:			
Branch Address:			
Please fill out your chequing bank fill out the information payment.	information below. l pelow to ensure the a	If your account doe account is coded co	es not provide cheques, please have your rrectly and will allow pre-authorized
Cheque Number		Financial Institution Number	Account Number (7-12 digits)
Branch Transit Number:	(5 digits)		
Financial Institution Number:	(3 digits)	account Number:	(7-12 digits)
Authorization By signing this authorization, I/A Terms and Conditions on Page of retained by me/us.	we acknowledge that I/ I of this Pre-Authorized	/we have read, under Debit Agreement (PA	stood and accepted all the provisions in the ND), a copy of which has been provided to and
Signatures of Payer(s):	(How to sign PDFs)		Date:
prior to the month the PAD is	s to commence. Since o PAD commencemer	the PAD program i	ffice no later than the 25th of the month s not retroactive, please enclose a cheque authorizing Fibernetics Corporation to do

Worldline Billing Department 605 Boxwood Drive Cambridge, ON N3E1A5

Worldline Account Information:

Tel: 519-489-4459 Fax: 519-653-7686

Email: pad@worldline.ca