



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Partners in Credit Inc., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments.

This authority is to remain in effect until Partners in Credit Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Partners in Credit Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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.

PLEASE PRINT

DATE: _____

Name(s): _____ Partners in Credit Inc. Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

I/We authorize Partners in Credit Inc. to process a debit in electronic form in the amount of:

Fixed Amount: \$ _____

Payment Frequency (ie. Monthly, Weekly): _____

Next Payment Date (MM/DD/YYYY): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Mail completed authorization form and void cheque to the address below:

Partners in Credit Inc.
Attention: Payment Processing Department
50 Minthorn Blvd., Suite 700
Markham, Ontario, L3T 7X8
Tel: (905) 886-0555