



Payor's Agreement for Pre-Authorized Debits (PADS)

1. Payor's Name and Address – please print

I/We warrant and represent that the following information is accurate.

Mr., Ms.	Surname	First Name	
Address		Email	
City	Postal Code	Telephone Number	
Name of Payor's Financial Institution			
Transit Number _ _ _ _ _ - _ _ _ _		Account Number	

I/We have attached a specimen cheque marked "VOID" to this authorization.

I/We undertake to inform Stafford Communications, Inc. in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

2. Payee's Name and Address

Stafford Communications, Inc.		
PO Box 3044		
Melfort SK	S0E 1A0	1 877 752 5797

- 3. I/We acknowledge that this authorization is provided for the benefit of Stafford Communications, Inc. and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my account, as detailed above, in accordance with the Rules of the Canadian Payments Association.
- 4. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
- 5. I/We hereby authorize Stafford Communications, Inc. to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the account, for the following purpose:

Invoices issued by Stafford Communications, Inc.

- 6. This authorization may be canceled at any time upon notice being provided by the Payor, in writing with proper authorization to verify the identity of the Payor, at least 10 days before the next PAD is to be issued. I/We acknowledge that, in order to revoke this authorization, I/We must provide notice of revocation to Stafford Communications, Inc.
- 7. I/We acknowledge that provision and delivery of the authorization to Stafford Communications, Inc. constitutes delivery by me/us to my Financial Institution. Any delivery of this authorization to Stafford Communications, Inc., regardless of the method of delivery, constitutes delivery by me/us.
- 8. Stafford Communications, Inc. will provide to me/us, at the address provided in Section 1:
 - a) With respect to fixed amount PADS, written notice of the amount to be debited (the "Payment Amount") and the date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and



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such notice shall be provided every time there is a change in the amount of the payment date(s);
b) With respect to variable amount PADs, written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; and
c) With respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as but not limited to, a telephone instruction) requesting Stafford Communications, Inc. to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.

- 9. Stafford Communications may issue a PAD once monthly in dollar amount up to a maximum of \$100.00
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's PAD Agreement including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by Stafford Communications, Inc. on the account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and Stafford Communications, Inc. The Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We may dispute a PAD under the following conditions:
i. The PAD was not drawn in accordance with the Payor's PAD Agreement; or
ii. The Payor's PAD Agreement was revoked; or
iii. Pre-notification was not provided and such pre-notification was required under the terms of the Payor's PAD Agreement.

I/We acknowledge that in order to be reimbursed, a declaration to the effect that either (i), (ii) or (iii) took place must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 business days in the case of a business PAD) after the date on which the PAD in dispute was posted to the account.

I/We acknowledge that a claim on the basis that the Payor's PAD Agreement was revoked, or an other reason, is a matter to be resolved solely between the payee and the payor when disputing a PAD after the time allowed in this section.

- 13. I/We agree that the information contained in the Payor's PAD Agreements may be disclosed to the Canadian Payments Association member that holds the account of the Payee, as far as any such disclosure of personal information is directly related and necessary for the proper application or Rule H1.
14. I/We Understand and accept the terms of participating in this PAD agreement.

Authorized Signature

Authorized Signature