



#4, 10625-107 Avenue, NW
Edmonton, Alberta, T5H-0W5
780-655-2210
780-884-2961
Info@webcube.ca

Pre-Authorized Debit Agreement

1. CUSTOMER INFORMATION

Company Name:

Street Address:

City:

Province:

Postal Code:

Phone:

Email:

2. BANK ACCOUNT INFORMATION

Financial Institution Name:

Branch Address:

Transit Number:

Bank Code:

Account #:

3. PRE AUTHORIZED DEBIT (PAD) DETAILS

I/We authorize WebCube to debit the bank account identified above for following payments

- | | |
|---|---|
| 1. _____ (+ GST) on _____
(YYYY/MM/DD) | 2. _____ (+ GST) on _____
(YYYY/MM/DD) |
| 3. _____ (+ GST) on _____
(YYYY/MM/DD) | 4. _____ (+ GST) on _____
(YYYY/MM/DD) |

These services are for (Circle one): Business/Personal

Signature of Account Holder:

Signature of joint account holder (if applicable)

Name:

Name:

Date:

Date:

Terms and Conditions of PAD Agreement

I/We agree to waive any and all requirements to receive initial or further written pre-notifications of debiting under the Canadian Payment Association Rules.

I/We may revoke our authorization at any any time, subject to providing a notice of 30 days before the next debit is scheduled. I/We may obtain a sample PAD cancellation form or more information on my/our right to cancel a PAD Agreement at any branch of my financial institution or by visiting www.cdnpay.ca

If there are not enough funds in my/our account to cover the payment, I/We authorize WebCube, and the financial institution to make a maximum of three attempts to withdraw the payment. I/We would be responsible for any NSF (Non-Sufficient Funds) charges.

I/We have certain recourse rights if any debit does not comply with this 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

After completing this form, mail/email to WebCube's contact information provided above.