

## Pre-Authorized Debit (PAD) Agreement Customer information (please print clearly):

## ShopCity.com Inc. 270 King Street Midland, Ontario L4R 3M5 1-888-430-7467 | Phone 1-888-528-0897 | Fax billing@shopcity.com | email

807932611 RT0001

Name on Account:				
Address:				
City: Province:		Postal Code:		
Bank Account Information		Cheque Transi	t Financial	Account
Branch Transit Number:		Number Numb	er Institution	Number
Financial Institution Number:		Account Number	:	
	Chequing	Savings		
Financial Institution Name	:			
Address:				
Pre-Authorized Debit (PA	D) Details:			
You, the Payor, authorize Shamount of \$after this agreement is comparant transactions. These services ShopCity.com, Inc. You, the subject to providing twenty information on your right to www.cdnpay.ca	on the on the oleted and every thirt are for Business use. Payor may revoke yo five (25) days notice.	_ of every month or y (30) days after for Debits will appear our authorization at a To obtain a sample	within five (5 all recurring on on your bank sony time in wr cancellation f	<ul><li>business days monthly statement as iting or by phone orm or for more</li></ul>
Signature of Account Hold	 er	Signature of Joint	Account Ho	lder
Name: (Print)		Name: (Print)		
Date:		Date:		

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized by you or is not consistent with this PAD Agreement. For more information, contact your financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.