



***e-ternity Business Continuity Consultant's Inc. (Payee)***  
**Customer (Payor) Pre-Authorized Debit (PAD)**  
**Agreement**  
*(service provided by ScotiaDirect, Bank of Nova Scotia)*

**PAD Agreement for Customer (Payor):**

*Please complete all shaded areas.*

**The Payor acknowledges and agrees to the following**  
**by signing below that:**

1. The Payor authorizes the Payee to deduct payments from the Bank Account of the Payor according to guidelines set by the Canadian Payments Association. The payment terms for the PAD Agreement are outlined in the Managed Services Agreement (MSA).
2. The monthly payment amount may vary based on the payment terms as set out in the MSA. The Payor will receive a monthly invoice from the Payee that will indicate the current amount due and the scheduled withdrawal date. This invoice will be issued a minimum of 10 days prior to the scheduled withdrawal. The Payor agrees to this notification period.
3. When the reoccurring dollar amount of the PAD is fixed, the Payor may not receive a regular monthly invoice from the Payee. If the Payor and/or the Payee agree to change the fixed dollar amount of the PAD, it will be communicated in writing (or by email) as an addendum to this Agreement between the Payor and the Payee.
4. The Payor may cancel this PAD Agreement by notifying the Payee in writing, or by email, within 5 business days prior to the next scheduled withdrawal. Cancelling the PAD Agreement does not affect or cancel any ongoing financial obligations that the Payor has to the Payee under the MSA or any previous contractual agreements between the Payor and the Payee.

5. The Payor agrees to notify the Payee of any changes to the financial information that will affect the processing of the PAD within 5 business days prior to the next scheduled withdrawal.
6. In the event that the Payee's Financial Institution returns payment due to insufficient funds or error on the part of the Payor, or the Payor's Financial Institution, a service fee of \$25.00 will be charged to the Payor. This fee will be added to the next scheduled withdrawal or will be invoiced to the Payor.
7. This PAD Agreement has been set out in accordance with the Canadian Payments Association's Rule H1 – Pre-Authorized Debits. The Payor may obtain more information on Rule H1 by visiting the Canadian Payments Association Website at [www.cdnpay.ca](http://www.cdnpay.ca).
8. The individual who has affixed their signature below has good and sufficient authority to execute this Agreement on behalf of the Payor. By signing this agreement, the Payor agrees to have read and be bound by the terms set out herein.

<b>PAD Start Date:</b> _____
<b>Bank Name:</b> _____
<b>Bank ID:</b> _____ (3 digits)
<b>Bank Transit:</b> _____ (5 digits)
<b>Bank Account:</b> _____
<b>Or Fax a VOID cheque to (416) 410-2142</b>
<b>Or scan a VOID cheque and email to <a href="mailto:nicole.pharand@e-ternity.ca">nicole.pharand@e-ternity.ca</a></b>

<b>Accounts Payable Contact Name and Phone Number:</b> _____
<b>Authorized Signature:</b> _____
<b>Date:</b> _____