



PRE-AUTHORIZED PAYMENT AUTHORIZATION

Name:		Phone #:	
Address:			

I (we) authorize Adminplex Resource Services Inc. to process a debit, in paper, electronic or other form in the amount of;

Amount: "\$ _____ ", on the 15th day of each month beginning: _____

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions below of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Names(s) of authorized Signing Officer (s)	Signature(s) of Authorized Signing Officer(s)	Date

NOTE: Attach your personal (or company) blank cheque marked "void"

TERMS AND CONDITIONS

- I (We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.
- I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
- I (We) hereby authorize Adminplex Resource Services Inc. to draw on Payor **account number** _____ with (Processing Institution), for the following purpose paying **Monthly Employee Benefit Premiums**.
- This authorization may be cancelled at any time upon 15 days notice by Payee. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to Adminplex Resource Services Inc.. 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
- I (We) acknowledge that provision and delivery of this authorization to (Name of Payee constitutes delivery by Payor to (Processing Institution). Any delivery of this authorization to you constitutes delivery by Payor.
- The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association
- I (We) undertake to inform Adminplex Resource Services Inc., in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.
- The account that Adminplex Resource Services Inc. is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.
- I (We) acknowledge that (Processing institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- I (We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Adminplex Resource Services Inc. as a condition to honouring a PAD issued or caused to be issued by Adminplex Resource Services Inc. on Payor account.
- Revocation of this authorization does not terminate any contract for goods or services that exists between Payor and Adminplex Resource Services Inc.. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
- A PAD may be disputed by a Payor under the following conditions: (1) the PAD was not drawn in accordance with the Payor's Authorization; or (2) the authorization was revoked; or (3) pre-notification was not received.
- The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/household 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 Payor's account.
- The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).
- 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information my/our recourse rights I/We may contact my/our financial institution or visit www.cdnpay.ca.
- For more information or to amend or cancel this agreement, please contact Adminplex Resource Services Inc. Accounting Dept, 30 Quarry Ridge Road, Barrie, ON, L4M 7G1 or 1-800-565-2467.