

Authorized Signature

Pre-Authorized Debit (PAD) Details

T L6220 Company &/or asdasd Individual Name Address asdasd,asdasd,asdas | asdfsdf | BC | asd Telephone # **Email Address** asdasd asdasd Bank Name **Bank Information:** Bank Address 000 Bank # Bank Transit # 00000 Bank Account # Authorization I (we) as the account holder(s) or Authorized Representative, Authorize Print and Cheques Now Inc and my financial institution to debit my (our) account, at the branch specified above, under the terms and conditions agreed to by me (us) with Print and Cheques Now Inc until such time as written notice to the contrary is given by me (us) to Print and Cheques Now Inc. A debit, in electronic or other form, may be drawn from my (our) account for payment for any purchases made by me (us) from Print and Cheques Now Inc. anytime after I have placed an order with Print and Cheques Now Inc whether by Phone, E-mail or On-line. Authorized Name (please print) Thursday 6th of June 2013

> Please write in your name, title and todays date. Then SIGN and fax to 1-877-760-2435

Date

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