



## BUSINESS PRE-AUTHORIZED DEPOSIT/DEBIT AGREEMENT

You authorize Plastiq Canada Inc. (Plastiq) and the financial institution designated (or any other financial institution you may authorize at any time by providing Plastiq with alternate account information), for business services, to:

1. make deposits in the account as per your instructions (such as, but not limited to, telephone instructions, or the placing of an order for goods or services) for regular recurring payments and/or one-time payments,
2. debit the account for refund amounts authorized by you and shown as credits in Plastiq Canada Inc's system from time to time.
3. debit the account at any time for any other amount you may authorize in writing, by telephone or otherwise without further notice; and
4. re-present a debit for any debit that is dishonoured, without notice.

This authority is to remain in effect until Plastiq has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. You may obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Plastiq may assign this authorization with 10 days notice to you and may cancel this agreement with 25 days notice to you, or cancel it without notice if the financial institution refuses the debits for any reason.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

### Client Information

Merchant: Lakefield College School  
Address: 4391 COUNTY ROAD 29  
LAKEFIELD ON K0L 2H0  
  
Telephone: 705 652 3324  
Signature: [Signature] Date: JULY 16/15  
Printed Name: ROBIN HERRIMAN  
Title: SENIOR ACCOUNTING OFFICER

### Financial Institution Information

Bank Name: CIBC  
Address: 37 QUEEN STREET, LAKEFIELD ONT K0L 2H0  
Transit #: 04942 Bank/Institution #: 010 Account #: 5400317

**PLEASE ATTACH A CHEQUE MARKED "VOID"**



**LAKEFIELD**  
COLLEGE SCHOOL

Canadian Imperial Bank of Commerce  
Lakefield, Ontario K0L 2H0

092870

Cheque No.

Lakefield, Ontario K0L 2H0  
Ph 705.652.3324 Fax 705.652.6320  
PAY

TO  
THE  
ORDER  
OF

VOID

VOID

\$

AUTHORIZED SIGNING OFFICER  
V *Gold*  
AUTHORIZED SIGNING OFFICER

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## Additional Information Required

1. Frequency/dates of billing: *Monthly*
2. Payment dates: *Various*
3. How do you notify your members when a payment is due (i.e. email bill, email with call to action to login to a portal, snail mail bill, members just visit the website, etc.):
4. What is your current annual volume (\$): *of just Plastiq Payments ? you would have the \$*
5. What is your average transaction size? *\$4300.00*
6. How many members do you have? *? clients? 365 Families*

