

BUSINESS PRE-AUTHORIZED DEPOSIT/DEBIT PLAN AGREEMENT

You authorize Payment Services Interactive Gateway Inc. (PSiGate), who is acting on behalf of Plastiq Canada Inc., and the financial institution designated (or any other financial institution you may authorize at any time by providing PSiGate 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, from time to time.
2. debit the account for refund amounts authorized by you and shown as credits in Plastiq Canada Inc's system
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 PSiGate 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.

PSiGate 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

PAYOR INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Payor Name:

Address:

Telephone:

Signature of Payor:

Date:

ALL PERSONS AUTHORIZED TO SIGN ON THE BANK ACCOUNT MUST SIGN THIS AGREEMENT.

PRE-AUTHORIZED DEPOSIT/DEBIT DETAILS

You hereby authorize

To deposit/debit your account

(Financial Institution)

(5 digit Transit #)

(Account #)

PLEASE ATTACH A CHEQUE MARKED "VOID"