

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,
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 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:

TRUST CHILD CARE INC

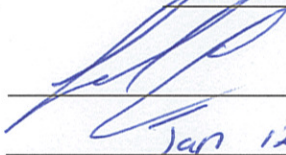
Address:

29 Birch Ave Toronto, ONT M4V 1E1

Telephone:

416-594-0100 ext 210

Signature of Payor:



Signature of Payor:

Date:

Jan 12/2015

Date:

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

PRE-AUTHORIZED DEPOSIT/DEBIT DETAILS

You hereby authorize

TD CANADA TRUST

(Financial Institution)

(Branch Address)

To deposit/debit your
account19682

(5 digit Transit #)

004

(Institution #)

0617 3299621

(Account #)

PLEASE ATTACH A CHEQUE MARKED "VOID"

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.
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Client Information

Merchant: TRUST CHILD CARE INC
Address: 29 Birch Ave Toronto, ONT M4V1E1

Telephone: 416-594-0100 210
Signature: [Signature] Date: Jan 12/2015
Printed Name: Jordan McLooney
Title: Pres CEO

Financial Institution Information

Bank Name: TD CANADA TRUST
Address: 251 Clair Avenue East Toronto
Transit #: 19682 Account #: 0617 5299621

PLEASE ATTACH A CHEQUE MARKED "VOID"



TRUST CHILD CARE INC.
29 BIRCH AVE
TORONTO, ON M4V 1E2

000002

DATE 2 0 - -
Y Y Y Y M M D D

PAY to
the order of

\$

100 DOLLARS



TD Canada Trust
ST. CLAIR COMMERCIAL BANKING CENTRE
2 ST. CLAIR AVENUE EAST
TORONTO, ONTARIO M4T 2V4

TRUST CHILD CARE INC.



RE _____

PER _____

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