

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.

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

Client Information

Merchant: PREPSKILLS INC.
 Address: 876 Eglinton Ave East
Toronto, ON M4G 2L1
 Telephone: _____
 Signature: Joanna Severino Date: Feb 12 / 15
 Printed Name: JOANNA SEVERINO
 Title: President
 Financial Institution Information
 Bank Name: BMO Harris Bank
 Address: _____
 Transit #: _____ Account #: _____

PLEASE ATTACH A CHEQUE MARKED "VOID"



77 City Centre Drive, Suite 501
 Mississauga, ON L5B 1M5 Canada
www.plastiq.com



Katerina Kalyviaris
 Sales Consultant
 Small Business Banking
 NMLS: 503448
 700 E. Lake Cook Rd
 Buffalo Grove, IL 60089
 Tel: 800-939-7298 Ext. 4069
 Fax: 847-215-6618
katerina.kalyviaris@bmo.com