

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:

- 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:	PowerStream Energy Services Inc.	
Address:	161 City view Blvd	
	Vouxnan, Butario	
	LYM OAT	
Telephone:	905- 532-4642	
Signature:	Date: Feb 7 4/15	
Printed Name:	DANIEL MILLER	
Title:	DIRECTOR OF OPERATION	
Financial Instituti		
Bank Name:	TD CANADA TRUST	
Address: 230	00 Steeles Hue. West, Suite 200 Varyham, ont. LUK	576
Transit #:	14822 Account #: 5272121	, ,

PLEASE ATTACH A CHEQUE MARKED "VOID"







2500 - 145 King St West, Toronto, Ontario M5H 1J8 1.877.374.9444

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:

- 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	ON (PLEASE TYPE OR PRINT CL	LEARLY)		
	Powerst	ream though	1 Services Inc.	
Payor Name:		view Blvd		
Address:	Vavshar	iontmio	LYH OAD	
Telephone:	905-	532-4642		
Signature of Payor:	HIL	_ Signature of Payor:	U. Noll	
Date:	Feb. 24/ L5 N THE BANK ACCOUNT MUST SIGN THIS AGREEMENT.	_ Date:	March 3/15	
PRE-AUTHORIZED DI	EPOSIT/DEBIT DETAILS			
You hereby authorize	(Financial Institution)	2300 Stelle (Branch A	s Are West suite 200 ddress)	Vayhan ONtario LUK SXI
To deposit/debit your account	14877	004	5272121	
	(5 digit Transit #)	(Institution #)	(Account #)	
	PLEASE ATTACH A C	HEOUE MARKED "VOI		

John blicksman