

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: Calgary French & International School
 Address: 700 77 St SW
Calgary AB
T3H 5R1
 Telephone: 403 240 1500
 Signature: [Signature] Date: July 15, 2015
 Printed Name: Caityn Ducas
 Title: Director of Finance

Financial Institution Information

Bank Name: TD Canada Trust
 Address: Tower 2, Calgary Place 340 5th Ave SW T2P 0L3
 Transit #: 80609 Bank/Institution #: 004 Account #: 5278245

PLEASE ATTACH A CHEQUE MARKED "VOID"



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.): *email bill*
4. What is your current annual volume (\$): *\$ 620,000*
5. What is your average transaction size? *\$ 2100*
6. How many members do you have? *800*

