

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,
- debit the account for refund amounts authorized by you and shown as credits in Plastiq Canada Inc's system from time to time.
- 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:	ST. ANDREWS COLFEE.	
Address:	15800 YUNGE SE	
	AUBORA L49 3H7	
Talaalaa aa 30	905 727-3178-324	
Telephone:	p 700 121 3170 329	
Signature:	Soll mellan Date: July 20/15.	
Printed Name	e: Beth mc Borg	
Title:	C.F.O.	
Financial Ins	stitution Information	
Bank Name:	TO CAMADA TOUSE	
Address:	15265 YONGE ST. ALRORA ON	
Transit #:	12382: Bank/Institution #: 004 Account #: 52/656	2

PLEASE ATTACH A CHEQUE MARKED "VOID"



49309

St. Andrew's College

INVOICE NO.	INV. DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
	1 1				
				I I	

St. Andrew's College

49309

INVOICE NO.	INV. DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
			7	Biocociti	NET AMOUNT
			1		
				1	
				1 1	
				1	

