



Please mail completed form to:
British Columbia Securities Commission
Finance & Administration
P.O. Box 10142, Pacific Centre
701 West Georgia Street
Vancouver, BC Canada V7Y 1L2

PLEASE PRINT CLEARLY

Payor Authorization

TO: BRITISH COLUMBIA SECURITIES COMMISSION (the "Company")
To Direct Debit an Account

Account Holder (the "Customer"):

Full Legal Name

Exact Name in which Account is Held

Address

Telephone Number

City

Province Postal Code

Financial Institution (the "Bank"):

Name of Bank

Address

City

Province Postal Code

Bank Account No.

Branch No. Institution No.

1. Purpose of Debits (tick one)

Personal/Household PAD **Business PAD**

2. Pre Notification of Amounts

Fixed Amounts: The Company will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar day before the date of the first debit and every time there is a change in the amount or payment date.

Variable Amounts: The Company will provide written notice of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit.

Business Debit Plans ONLY: The Customer and Company agree to waive the above pre notification requirements.

Authorized Signature of Customer: _____

Authorized Signature of Company: _____

3. Rights of Dispute

The Customer may dispute a debit under the following conditions: (i) the debit was not drawn in accordance with this Authorization; (ii) this Authorization was revoked or cancelled; or (iii) prenotification (as set out in paragraph 2 above) was not received.

In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Bank up to and including: (i) 90 calendar days (in the case of a *Personal/Household* debit), or (ii) 10 calendar days (in the case of a *Business* debit), after the date on which the debit in dispute was posted to the Customer's account.

The Customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Company and Customer.

4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit the above account in the amount of \$ _____ on the _____ day of each month for payments payable to the Company in respect of _____.

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the Company.

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Company. This Authorization may be cancelled at any time upon written notice by the Customer to the Company. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Company are ended.

The Customer will notify the Company promptly in writing if there is any change in the above account information.

Any delivery of this Authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges receipt of a signed copy of this Authorization.

5. Cancellation of Agreement

You, the Payor, may revoke your authorization at any time, subject to providing notice of (Payee to insert period – not to exceed 30 days). To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

6. Recourse Statement

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Signature(s) or Authorized Signature(s) of Account Holder(s)

(Date)

Signature(s) or Authorized Signature(s) of Account Holder(s)

(Date)

*******For verification, please attach a blank cheque marked "VOID" to the completed Agreement.*******