PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Terms and Conditions:

1. I acknowledge that I am participating in a PAD plan established by Worldline and that I participate in this PAD plan upon all terms and conditions set out herein. Worldline reserves the right to reject my application or discontinue the PAD service.

2. I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this PAD Agreement.

3. I acknowledge that this PAD authorization is provided for the benefit of Worldline and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my bank account in accordance with the rules of the Canadian Payments Association.

4. I acknowledge that the present PAD Agreement applies solely to the method of payment between me and Worldline, and that the PAD Agreement and any cancellation of that Agreement will not have any effect whatsoever with respect to any contract for goods and services between me and Worldline and will not terminate any other obligation that I may have with Worldline.

5. I hereby authorize Worldline and its processing institution to debit my bank account on the 1st day of each month for all recurring monthly fees and/or charges for services provided by Worldline both fixed and variable; and/or any one-time sporadic debit of any kind (eg. a “catch-up” payment on previous outstanding fees for 1st time PAD enrolment, NSF administration fee, etc.) as authorized by me. I understand that the amount of said debit may increase or decrease over time due to changes in usage, rates, taxes and adjustments. I acknowledge that delivery of this authorization to Worldline constitutes delivery by me to the processing institution.

6. I understand that this authority is to remain in effect until Worldline has received written notification from me to its change or termination. The notification must be delivered to the office of Worldline at least fourteen (14) business days in advance of the next PAD withdrawal. I may obtain a cancellation form or more information on my right to cancel my PAD Agreement by contacting my financial institution or by visiting www.cdnpay.ca.

7. I undertake to inform Worldline verbally of any change in the account (eg. account closure, change of account number, etc.) or other information (eg. mailing address, phone number etc.) provided in this authorization.

8. I understand that a NSF administration fee will apply to my account should my PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my responsibility to ensure the balance in my bank account is sufficient to cover the PADs.

9. I have certain recourse rights if any debit does not comply with this PAD Agreement. For example, I 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 my our recourse rights I may contact my financial institution or visit www.cdnpay.ca.

10. I understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me, processing payments, providing services, and complying with legal requirements. I hereby authorize Worldline to collect, use and disclose my personal information for these purposes.

Please Retain This Page For Your Reference. Thank You.

Worldline™
beyond telecom

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Worldline Account Information:

Account Number: _____

Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Phone: _____

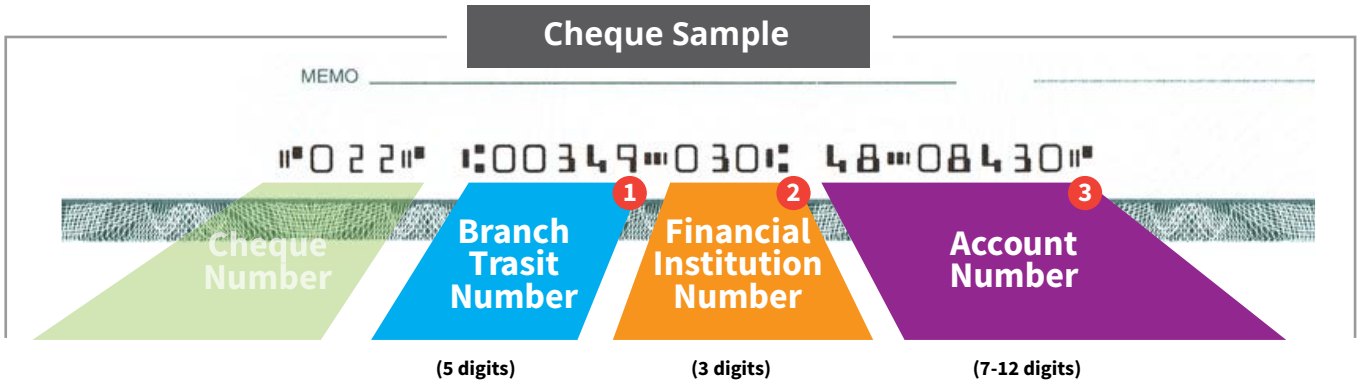
Fax: _____ Email Address: _____

Banking Information:

Financial Institution Name: _____

Branch Address: _____

Please fill out your chequing information below. If your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.



1 Branch Transit Number: _____
(5 digits)

2 Financial Institution Number: _____ 3 Account Number: _____
(3 digits) (7-12 digits)

Authorization

By signing this authorization, I/we acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-Authorized Debit Agreement (PAD), a copy of which has been provided to and retained by me/us.

Signatures of Payer(s): _____ Date: _____
(How to sign PDFs)

Please note this form must be received in Fibernetics Corporation office no later than the 25th of the month prior to the month the PAD is to commence. Since the PAD program is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement OR attach a note authorizing Fibernetics Corporation to do a one-time sporadic "catch-up" payment.

Worldline Billing Department
96 Grand Ave S, Suite 203
Cambridge, ON N1S 2L9
Tel: 519-489-4459 Fax: 519-653-7686
Email: pad@worldline.ca

Send