



Dockside Trailer Sales Inc.
81 Gaylord Rd. St. Thomas, ON., N5P 3S3
PH. (519) 631-1144 FAX (519) 631-6066

PRE-AUTHORIZED PAYMENT AUTHORIZATION-TERMS AND CONDITIONS

I (We) acknowledge that this Authorization is provided for the benefit of the Dockside Trailer Sales Inc. and is provided in consideration of TD Canada Trust agreeing to process debits against my account for the amount of \$ _____ on the 25th of every month or the next business day in accordance with the Rules of the Canadian Payments Association.

I (We) hereby authorize Dockside Trailer Sales Inc. to draw on

Payer's Name(s) _____

Address: _____

City & Province: _____ Phone No.: _____

Financial Institution (FI): _____ Account Number: _____

FI Branch Number (5 digits): _____ FI Transit Number (3 digits): _____

FI Address: _____

FI City & Province: _____ FI Phone No.: _____

For the purpose: _____ Personal _____ Business.

I (We) acknowledge that provision and delivery of this authorization to Dockside Trailer Sales Inc. constitutes delivery by (Payer) _____ to TD Canada Trust. Any delivery of this authorization to you constitutes delivery by (Payer) _____.

The Payer and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix 11 of rule H1 of the Canadian Payments Association.

I (We) undertake to inform Dockside Trailer Sales Inc., in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The Account that Dockside Trailer Sales Inc. is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I (We) acknowledge that TD Canada Trust is not required to verify that a PAD has been issued in accordance with the particulars of the Payer's Authorization including but not limited to, the amount.

I (We) acknowledge that TD Canada Trust is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Dockside Trailer Sales Inc as a condition to honoring a PAD issued or caused to be issued by Dockside Trailer Sales Inc. on (Payer) _____ account.

This authorization may be cancelled at any time upon notice by (Payer) _____
I (We) acknowledge that, in order to revoke this authorization, I (We) must provide a written notice of revocation to Docksider Trailer Sales Inc. This notification must be received at least 30 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD before the next debit is scheduled at the address provided above. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Payer) _____ and Docksider Trailer Sales Inc. The Payer's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I (We) have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

A PAD may be disputed by a Payer under the following conditions:

- (1) The PAD was not drawn in accordance with the Payer's Authorization; or
- (2) The authorization was revoked; or
- (3) Pre-notification was not received.

The Payer, in order to be reimbursed acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payer's account up to and including 30 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payer's account.

DEFINITIONS:

Business PAD: Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payer such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payer.

Personal/Household PAD: Means a PAD drawn on the account of a Payer for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Name(s) of Authorized Signing Officer(s) _____

Signature(s) of Authorized Signing Officer(s) _____

Date : _____