



The new standard
in office technology.

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

New Application

Change to existing plan

Innov8 Acct. #:

(Your account number can be found on the top right-hand side of the Invoice you received from us.)

Company Name:

Street Address:

City:

Prov:

Postal Code:

Contact Name:

Phone Number:

Email Address:

Attach a copy of a VOID cheque

(or a pre-authorized debit form authorized by your financial institution)

Transit

Financial Institution

Bank Account #

INVOICED AMOUNTS WILL BE WITHDRAWN ON THE 15TH OF THE MONTH FOLLOWING THE INVOICE DATE.

RETURNED PAYMENTS: If a pre-authorized payment is dishonoured by your bank for any reason, a service fee of \$50 for the dishonoured payment will be applied to your account and you may be removed from the Pre-Authorized Debit (PAD) Plan. Any discount granted for services will be reversed and any tax penalty and interest charges will be added. Once the account is paid in full, you can re-apply to the Pre-Authorized Debit (PAD) Plan by submitting a new Pre-Authorized Debit (PAD) Agreement.

CANCELLING OR CHANGING THE PLAN: You may withdraw from the Plan at any time, subject to providing written notice to Innov8 Digital Solutions Inc. (Financial Services). Notice must be received at least 10 business days prior to the next scheduled withdrawal. For more information on your right to cancel a PAD Agreement, visit www.payments.ca, or contact your financial institution. Any changes to your banking information will require a new Pre-Authorized Debit Plan (PAD) Agreement form with a VOID cheque or a pre-authorized form authorized by your financial institution.

AUTHORIZATION: I/We, the Payor(s), authorize Innov8 Digital Solutions Inc. to debit the bank account, identified by the VOID cheque or Pre-Authorization Form provided, for all my Innov8 Digital Solutions payments based on my Service Contracts and Time & Material charges arising under my/our Innov8 Digital Solutions Inc. account(s) on the scheduled due date. Innov8 will provide monthly invoicing showing the amounts due and payable as per the Service Contract and / or Time and Material invoicing. Each invoice will identify the specific payment terms and the amount and due dates of each withdrawal.

I/We, the Payor(s), may revoke my/our authorization at any time, subject to providing written notice of at least ten (10) business days prior to the next withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca

By signing this application, I/we have read and understand the Pre-Authorized Debit Plan Agreement and agree to the terms and conditions (if two signatures are required on your specified bank account, two signatures must appear on this application). I consent to the exchange of personal information between the financial institutions described above for the purpose of giving effect to this PAD Agreement.

AUTHORIZED SIGNATURE

PRINT NAME

DATE

AUTHORIZED SIGNATURE

PRINT NAME

DATE

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.payments.ca. Email completed form to finance@innov8.ca

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