

A.C Johnson & Associates Inc. O/A ASSOCIUM O/A ASSOCIUM GAIN

Please complete the Pre-Authorized Debit (PAD) Plan agreement below and attach a void cheque.

I/we authorize A.C Johnson & Associates Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our A.C Johnson & Associates account(s). Regular monthly payments for the full amount of services provided will be debited to my/our specific account on the last business day of each month. A.C Johnson & Associates Inc. will provide ten (10) days notice of the amount of each regular debit. A.C Johnson & Associates will obtain my/our authorization for any other on-time or sporadic debits.

This authority is to remain in effect until A.C Johnson & Associates Inc has received written notification from me/us 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 below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my /our financial institution or by visiting cdnpay.ca.

A.C Johnson & Associates Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

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 cdnpay.ca.

Type of Service: Business Personal

Payor's Legal Name: _____

A.C Johnson & Associates Account Number:

Address: _____

City/Town: _____ Province: Postal Code:

Phone Number: - - Extension:

Financial Institution (FI): _____

Address: _____

City/Town: _____ Province: Postal Code:

FI Bank Number (three digits):

FI Transit Number (five digits):

FI Account Number:

Authorized Signature (s): _____

Name(s): _____ Date:
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