MICROTEC

PAD AGREEMENT
Pre-authorized Debit

Block Letters please

1. CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____ Province : _____ P. C.: _____

Telephone: _____ Cellular: _____

2. Bank account information (fill out this section if you don't have a VOID cheque)

Account number: | | | | | | | | | | | Branch transit number: | | | | | |

Financial Institution Number: | | | ☐ Checking account ☐ Savings account

Name of institution: _____

Branch address: _____

PLEASE ATTACH A VOID CHEQUE

2a. Credit card information (if the PAD is to be taken from credit card)

☐ VISA
☐ MC
☐ AMEX

| | | | | | | | | | | | | | | | | Expiration date | | | |

3. PRE-AUTHORIZED PAYMENT DETAILS (PAD)

You the payer, authorized FIRST NATIONAL ALARMCAP LP (hereafter called ALARMCAP) to debit from the bank account indicated above, the sum of $_____ each time the value of the services you have purchased, including all applicable taxes reaches this amount for the contract # _____

These services are for (*please check one*) : ☐ personal use ☐ business

You, the payer, may revoke your authorization at any moment, with a 30 days notice. To receive a cancellation form specimen, or for more information about your right to cancel a PAD agreement, contact your financial institution or visit ***www.cdnpay.ca***. The payer is aware that the termination of this PAD agreement has no effect on the contract for goods or services between the payer and AlarmCap.

_____ _____

Account holder signature *Joint account holder signature (if applicable)*

_____ _____

Name in block letters *Name in block letters*

Date : _____ Date : _____

You have the right of appeal if a debit isn't in compliance with this agreement. For example, you are entitled to receive reimbursement for any debit that is not authorized or is not compatible with this PAD agreement. For more information on your rights to appeal, contact your financial institution or visit ***www.cdnpay.ca***.

☐ **MONTREAL DIVISION** 10390, boul. Louis-H.-Lafontaine, Anjou (Québec) H1J 2T3 Tel.: 514 388-8177 1-800-263-3638 Fax.: 514 955-2826
☐ **QUEBEC DIVISION** 4780, rue Saint-Félix, Québec (Québec) G3A 2J9 Tel.: 418 877-2755 1-800-877-2755 Fax.: 418 864-7951
☐ **WEST DIVISION** #201, 9811 – 34 Avenue NW Edmonton, AB T6E 5X9 1-800-531-1222 Téléc.: 780-461-3999