

**Cedar Valley Investments Ltd
Pre-authorized Debit (PAD) Agreement**

I/We _____ authorize Cedar Valley Investments Ltd, 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 Cedar Valley Investments Ltd account(s).

Regular monthly payments (of \$ _____) or (for the full amount of services delivered) will be debited to my/our specified account on the first day of each month. If the first of the month falls on a weekend or holiday, the amount will be withdrawn from the specified account the following business day.

Payment Information		
Name: _____		
Street Address: _____		
City: _____ Province: _____ Postal Code: _____		
Telephone Number: _____ Email Address: _____		
Type of Service: Personal _____ Business: _____		
To ensure the accuracy of our account information, please attach a void cheque upon return of this document and complete the following financial information:		
Name of Financial Institution: _____		
Address of Financial Institution: _____		
Account Information:		
_____	_____	_____
Bank Number	Transit Number	Account Number
_____	_____	_____
Authorized Signature	_____	Date

This authority is to remain in effect until Cedar Valley Investments Ltd received written notification from me/us of its change or termination. This notification must be received at least five 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 www.cdnpay.ca

**Cedar Valley Investments Ltd
Suite 506-527 Dundonald Street
Fredericton, NB, E3B 1X5
Tel: 506-459-1199
Email: info@cedarvalleyinvestments.ca**

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 debit 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.