



TimeTrex

Payroll and Time Management

PRE-AUTHORIZED DEBITS (PAD) FOR BUSINESS PURPOSES

I/We warrant and represent that the following information is accurate and complete:

1. Applicant Information:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____

CONTACT NAME: _____ POSITION: _____

PHONE: () _____ - _____ EMAIL: _____

FAX: () _____ - _____

FINANCIAL INSTITUTION:

ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____

CANADA EFT		
INSTITUTION CODE	TRANSIT NUMBER	ACCOUNT NUMBER

UNITED STATES ACH	
ROUTING NUMBER	ACCOUNT NUMBER

We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization") form.

We will inform TimeTrex Payroll Services, in writing, of any change in the information provided in this section of the Authorization prior to the next TimeTrex Payroll Services Disposition.

2. Payee Information:

PAYEE NAME: **TimeTrex Payroll Services**

ADDRESS: Unit 22 – 2475 Dobbin Rd Suite #292

CITY: Westbank _____ PROV: BC _____ POSTAL CODE: V4T 2E9

CONTACT Billing Department _____

PHONE: (800) 714 - 5153 EMAIL: billing@timetrex.com _____

FAX: (866) 299 - 6693 _____

3. I/We acknowledge that the Authorization is provided for the benefit of TimeTrex Payroll Services and the processing institution and is provided in consideration of the processing institution agreeing to process debits against our account, as listed above, in accordance with the Rules of the Canadian Payments Association.
4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.
5. We hereby authorize TimeTrex Payroll Services to issue Pre-Authorized Debits (the "PAD") (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose: **Monthly and periodic payments for goods and services provided by TimeTrex Payroll Services.**
6. We may cancel the Authorization at any time upon providing written notice to TimeTrex Payroll Services.
7. We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by us to the processing institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by us.
8. With respect to a PAD issued as method of payment for goods and services provided by TimeTrex Payroll Services, we hereby waive the 10-day notification requirement (per Rule H4 of the Rules of the Canadian Payments Association) and will abide by the TimeTrex Payroll Services invoice.
9. TimeTrex Payroll Services may issue a PAD on all Accepted Invoices up to a total dollar amount of: **\$_____** per monthly disposition and **\$_____** per periodic disposition.
10. We acknowledge that the processing institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. We may dispute a PAD only under the following conditions:
 - i) the PAD was not drawn in accordance with the Authorization; or
 - ii) the Authorization was revoked.

We acknowledge that in order to be reimbursed, a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 10 calendar days after the date on which the PAD in dispute was posted to the Account.

We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between us and the Payee, outside the payments system.
13. We agree that the information contained in the Authorization may be disclosed to Beanstream Internet Commerce Inc as required to complete any PAD transaction.
14. We understand and accept the terms of participating in this PAD plan.

Authorized Signature

Authorized Signature

Title

Title

Date: _____

Date: _____

ATTACH "VOID" CHEQUE HERE