

TIMETREX 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:

FINANCIAL INSTITUTION:

ADDRESS:

CITY: PROV/STATE:

CANADA EFT		
INSTITUTION CODE	TRANSIT NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

UNITED STATES ACH	
ROUTING NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

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

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

2. Payee Information:

PAYEE NAME: TimeTrex Software Inc
ADDRESS: Unit 22 – 2475 Dobbin Rd Suite #292
West Kelowna, BC V4T 2E9
CONTACT Billing Department
EMAIL: billing@timetrex.com **PHONE:** 1-800-714-5153

3. I/We acknowledge that the Authorization is provided for the benefit of TimeTrex Software Inc 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. I/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. I/We hereby authorize TimeTrex Software Inc to issue Pre-Authorized Debits (the "PAD") (as defined in Rule H1 of the Rules of the Canadian Payments Association) drawn on the Account, for regular recurring and/or periodic payments for all of the following charges arising under my/our TimeTrex Software Inc account(s): (Check all that apply)
- ☐ Wage Payment Services ☐ Employment Tax Remittance Services ☐ Wage Garnishment Payment Services
- ☐ Invoices for all goods, services and fees.
6. I/We may cancel the Authorization at any time upon providing written notice to TimeTrex Software Inc.
7. I/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 Software Inc, we hereby waive the 10-day notification requirement (per Rule H1 of the Rules of the Canadian Payments Association) and will abide by the TimeTrex Software Inc invoice.
9. I/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.
10. 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.
11. I/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.
- I/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.
- I/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.
12. I/We agree that the information contained in the Authorization may be disclosed to Beanstream Internet Commerce Inc as required to complete any PAD transaction.
13. I/We understand and accept the terms of participating in this PAD plan.

Authorized Signature

Name:

Title:

Date:

Authorized Signature

Name:

Title:

Date:

ATTACH "VOID" CHEQUE HERE