

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADS)
(the "Authorization")**

1. Payor's Name and Address.

I/We (the "Payor") warrant and represent that the following information is accurate.

Mr./Mrs./Ms./Miss	Surname	First Name
Company Name		
Address		Province
City/Town	Postal Code	Telephone Number

2. Payor's Bank Account Information.

Account Number (the "Account")		Branch Transit Number
Financial Institution (the "Processing Member")		Financial Institution Number
Address		Province
City/Town	Postal Code	Telephone Number

I/We have attached a specimen cheque marked "VOID" to this Authorization for the Account.

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

3. Payee's Name and Address

Name of Payee (the "Payee"): FUEL ACCOUNTING PROFESSIONAL CORPORATION
Address: 675 Cochrane Drive, East Tower 6 th Floor, Markham ON L3R 0B8; telephone: 647-367-0876

4. **Authorization to Debit Account.** I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in the Canadian Payments Association's ("CPA") Rule H1) (each, a "PAD") sporadically drawn on the Account.
5. **Cancellation.** I/We may revoke my/our Authorization at any time, subject to providing 30 days' notice to Payee before the next PAD is scheduled. To obtain a sample cancellation form, or for more information on my/our right to cancel an Authorization, I/we may contact my financial institution or visit www.cdnpay.ca.
6. **Waiver of Pre-Notification Period.** *I/We expressly waive the right to receive written notice from the Payee of (a) the payment amount to be debited from my Account before the Payment Date of any PADs (including, without limitation, any variable amount or sporadic PADs) drawn on the Account or (b) of any change of Payment Date or amount of any PADs.*
7. **Confirmation Period.** *In the event this Authorization is deemed to be an Electronic Agreement (e.g., authorized by means of telephone, Internet, e-mail or other electronic means), Payee agrees to provide written confirmation of this Authorization at least three (3) days before the first PAD is debited from my Account.*
8. **Sporadic PADs.** The Payee is required to obtain due authorization from me/us in accordance with Rule H1 for each sporadic PAD that the Payee issues against me/us. I/We acknowledge that invoices issued by the Payee within the terms of our service agreement agreed verbally or in writing are hereby authorized with respect to such sporadic PAD for the Processing Member to debit the Account.

9. **Recourse.** I/We have certain recourse rights if any PAD does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights, I/we may contact my financial institution or visit www.cdnpay.ca.
10. **Validation by Processing Member.** I/We acknowledge that the Processing Member is not required to verify that a PAD has been issued in accordance with the terms of this Authorization.
11. **Contract for Goods and Services.** Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the related contract for goods or services.
12. **Payee's Payment Service Provider.** I/We acknowledge that Wells Fargo Bank, N.A. ("**Wells Fargo**"), holds an account with Royal Bank of Canada for the benefit of the Payee, and that Wells Fargo acts as the Payee's payment processing representative for the transactions contemplated by this Authorization. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada and/or Wells Fargo as required to complete any PAD transaction.
13. **Rights of Dispute.** 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 of the aforementioned conditions took place, must be completed and presented to the branch of the Processing Member holding the Account up to and including (x) with respect to personal PADs, ninety (90) calendar days and (y) with respect to business PADs, ten (10) business days, after the date on which such PAD in dispute was posted to the Account.

I/We acknowledge that the dispute of any PAD beyond the time allowed in this section is a matter to be resolved solely between me/us and the Payee.

14. I/We understand and accept the terms of participating in this PAD plan. I/We further warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed this Authorization below.

Date: _____

Signature(s) for Personal PAD:

Signature(s) for Business PAD:

Name:

[Company Name]

Name:

By: _____

Name:

Title:

By: _____

Name:

Title: