

**Schedule "B"**  
**AUTHORIZATION FOR**  
**BUSINESS PRE-AUTHORIZED DEBIT PLAN**  
**Authorization of the Payor to the Payee to Direct Debit an Account**

**Instructions:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

**PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(s):	Date:

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please type or print clearly)*

Branch Number	Institution #	Account #
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

**PAYEE INFORMATION** *(Please type or print clearly)*

Payee Name(s):		
<b>A&amp;A Contract Customs Brokers Ltd.</b>		
Address:		
Suite 101, 120 – 176 <sup>th</sup> Street, Surrey, B.C., V3S 9S2		
Telephone:	Fax:	Email:
(604) 538-1042	(604) 538 - 6991	credit@aacb.com

# AUTHORIZATION FOR BUSINESS PRE-AUTHORIZED DEBIT PLAN

## Terms & Condition

1. In this Authorization, "we", "us" and "our" refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD"), on our account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
6. (a) We understand that with respect to:
 

_____	(i)	fixed amount Business PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Business PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
Delete	(ii)	variable amount Business PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Business PAD; and
either (a) or	(iii)	a Business PAD Plan that provides for the issuance of a Business PAD in response to our direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Business PAD in full or partial
(b) as		payment of a billing received by us, the ten (10) day pre-notification is waived.
applicable		

- OR -

- (b) We agree to either waive the requirements noted above or to abide by any modification to the above requirements as agreed to with the Payee.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
  - (a) the Business PAD was not drawn in accordance with this Authorization;
  - (b) this authorization was revoked;
  - (c) any pre-notification required by section 6 was not received by us;

We acknowledge that in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such disputed Business PAD.
8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the account have signed this Authorization below.
10. We understand and agree to the forgoing terms and conditions.
11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s'y rattachant soient rédigés et signés en anglais.

Name of Payor	Per: _____ Signature of Authorized Signing Officer	Date
	Per: _____ Signature of Authorized Signing Officer	Date