

## THE PREAUTHORIZED PAYMENT PLAN

The preauthorized payment plan (PAP) allows you to pay your bills automatically. With your authorization, PROTECTRON will debit the amount due from one of your accounts. To benefit from the PAP program, simply fill out the following debit authorization.

**Customer's information:**

Name(s) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Customer's #: \_\_\_\_\_

**Please charge my account:**

Bank (include a void cheque)

Visa    MasterCard    American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Amount \_\_\_\_\_

I (we) hereby authorize PROTECTRON to debit my (our) account on the first day of each month of my (our) cycle billing such as stipulated in the agreement.

This amount is subject to increase or diminish at a later date, such as agreed by contract or otherwise written notices. PROTECTRON will inform me (us) in writing of the changed amount before it shall apply.

I (we) hereby certify that I (we) have read and understood each and all clauses contained in the terms and conditions of the PAP authorization and that I (we) have duly received a copy of said authorization.

\*\* All joint account holders must sign.

SIGNATURE 1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE 2\*\* \_\_\_\_\_ DATE \_\_\_\_\_

**TERMS AND CONDITIONS:**

I (we) hereby authorize the beneficiary to debit my (our) account, in accordance with the terms and conditions agreed on by both parties until written notice to the contrary.

I (we) agree that granting my (our) authorization to the beneficiary amounts to granting the authorization to the financial institution's branch where I (we) have an account, and that same financial institution is not bound to verify whether the payments have been debited in accordance with the terms and conditions of the present authorization. The termination of the present authorization in no way terminates the agreement on goods and services.

I (we) shall notify the beneficiary in writing of all and any modifications relative to the account or of the termination of the authorization before the next due date of the authorized debit.

The amounts charged as a result of one of the following conditions, shall be reimbursed subject to my (our) sending, within 90 days, of a written notice to the account's branch.

- a) I (we) never granted any authorization to the beneficiary.
- b) The authorized payment was not debited in accordance with my (our) authorization.
- c) My (our) authorization has been terminated.
- d) The payment was made to the wrong account because the beneficiary provided invalid and/or incorrect information on the account.

I (we) hereby certify that all and every person whose signature is necessary to debit the account has signed the present authorization.