



Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Norpine Auto Supply (96) Ltd., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Norpine Auto Supply account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th day of each month. Norpine Auto Supply will provide 10 days written notice of the amount of each regular debit. Norpine Auto Supply will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Norpine Auto Supply (96) Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Norpine Auto Supply may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Name(s): _____ Norpine Auto Supply Account Number: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

La Crete
Box 160
La Crete, Alberta T0H 2H0
Ph: 780-928-3912
Fax: 780-928-3760

High Level
11102-Rainbow Blvd.
High Level, Alberta, T0H 1Z0
Ph: 780-926-4494
Fax: 780-926-4580

Please attach a void cheque to this form.