



PERSONAL PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Terms and Conditions:

1. I/We acknowledge that I/we are participating in a PAD plan established by Fibernetics Corporation and I/we participate in this PAD plan upon all terms and conditions set out herein. Fibernetics Corporation reserves the right to reject my/our application or discontinue the PAD service.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.
3. I/We acknowledge that this PAD authorization is provided for the benefit of Fibernetics Corporation and the processing institution administering the account, and is provided in consideration of the said processing institution agreeing to process these PADs against my/our bank account in accordance with the rules of the Canadian Payments Association.
4. I/we acknowledge that the present PAD Agreement applies solely to the method of payment between me/us and Fibernetics Corporation, and that the PAD Agreement and any cancellation of that Agreement will not have any effect whatsoever with respect to any contract for goods and services between me/us and Fibernetics Corporation and will not terminate any other obligation that I/we may have with Fibernetics Corporation.
5. I/We hereby authorize Fibernetics Corporation and its processing institution to debit my/our bank account on the 1st day of each month for all recurring monthly fees and/or charges for services provided by Fibernetics Corporation both fixed and variable; and/or any one-time sporadic debit of any kind (eg. a "catch-up" payment on previous outstanding fees for 1st time PAD enrolment, NSF administration fee, etc.) as authorized by me/us. I/we understand that the amount of said debit may increase or decrease over time due to changes in usage, rates, taxes and adjustments. I/We acknowledge that delivery of this authorization to Fibernetics Corporation constitutes delivery by me/us to the processing institution.
6. I/We understand that this authority is to remain in effect until Fibernetics Corporation has received written notification from me/us to its change or termination. The notification must be delivered to the office of Fibernetics Corporation at least fourteen (14) business days in advance of the next PAD withdrawal. I/We may obtain a cancellation form or more information on my/our right to cancel our PAD Agreement by contacting my/our financial institution or by visiting www.cdnpay.com.
7. I/We undertake to inform Fibernetics Corporation at least ten (10) business days, in writing, of any change in the account (eg. account closure, change of account number, etc.) or other information (eg. mailing address, phone number etc.) provided in this authorization.
8. I/We understand that a NSF administration fee will apply to my/our account should my/our PAD be returned due to insufficient funds, account closure, or account freeze, etc. It is my/our responsibility to ensure the balance in my/our bank account is sufficient to cover the PADs.
9. 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights I/we may contact my/our financial institution or visit www.cdnpay.com.
10. I/We understand the personal information provided in this PAD Agreement is for purposes of identifying and communicating with me/us, processing payments, providing services, and complying with legal requirements. I/We hereby authorize Fibernetics Corporation to collect, use and disclose my/our personal information for these purposes.

Please Retain This Page For Your Reference. Thank You.



Personal Pre-Authorized Debit (PAD) Agreement

Name:

Mailing Address:

City:

Province:

Postal Code:

Contact:

Phone:

Fax:

Email:

Bank Information

ATTACH VOID CHEQUE HERE

Or, if your account does not provide cheques, please have your bank fill out the information below to ensure the account is coded correctly and will allow pre-authorized payment.

Financial Institution Name:

Branch Address:

Account Number:

Account Type: Chequing

or Savings

Financial Institution Number:

Branch Transit Number

(0 + 3 digits)

(5 digits)

Authorization

By signing this authorization, I/we acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions on Page 1 of this Pre-authorized Debit agreement, a copy of which has been provided to and retained by me/us.

I/We agree to waive the right to receive pre-notification of the amount of the PAD or any changes to said amount without limitation and I/we agree that it does not require advance notice of the amount of PADs before the debit is processed.

Date:

Signatures of Payer(s): _____

Mail, fax or email completed form to: Fibernetics Corp.
Attention: 295.ca Billing Department
605 Boxwood Drive
Cambridge, ON N3E 1A5
Tel: 1-855-492-6212 Fax: 519-772-5014
Email: pad@295.ca

Please note this form must be received in our office no later than the **25th of the month prior** to the month the PAD is to commence. Since the PAD program is not retroactive, please enclose a cheque for any balance owing prior to PAD commencement **OR** attach a note authorizing our office to do a one-time sporadic "catch-up" payment.