

# STRATAWEST MANAGEMENT LTD. PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

## Pre-Authorized Debit Details

**Authorization:** I/We acknowledge that this PAD Agreement is provided for the benefit of Stratawest Management Ltd., as the payee, and is provided in consideration of their financial institution agreeing to process debits against the Account with my/our financial institution (or any other financial institution I/we may authorize at any time).

I/We confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/We authorize at any time in the Transaction Date period, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

**Confirmation and Pre-notifications:** In providing the signed PAD Agreement, I/we waive the requirement for Stratawest Management Ltd. to notify me/us in advance of the due date of the first PAD. Further, the debit from my/our account will be considered sufficient subsequent confirmation of the first PAD being processed.

For ***fixed-amount, set interval PADs*** (e.g., monthly PADs) Stratawest Management Ltd. will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.

**Cancellation of PAD Agreement:** I/We acknowledge that I/we may revoke, change, or cancel my/our authorization under this PAD Agreement at any time in writing to Stratawest Management Ltd. I/We understand and accept that this notification must be provided to Stratawest Management Ltd. at the contact information indicated below at least 30 calendar days before the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, Stratawest Management Ltd. will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

**Recourse/Reimbursement:** I/we acknowledge that 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.payments.ca](http://www.payments.ca).

