



Pre-Authorized Debits (PADs) Payor's PAD Agreement - Mandatory and Supplementary Elements

Instructions:

1. Please complete all sections in order to instruct AnyDay™ o/a AnyDay Mastercard to make payments directly from your account.
2. Return the completed form with a blank cheque marked "VOID" to the Payee at the address or email address noted below
3. If you have any questions, please write or call the Payee.

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

I/we authorize AnyDay™ o/a AnyDay Mastercard 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 weekly/monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our AnyDay agreement. Regular payments for the services delivered will be debited to my/our specified account each month. AnyDay will provide 10 days written notice of the amount of each regular debit, if required. AnyDay will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until AnyDay 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 by visiting www.payments.ca.

AnyDay 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.payments.ca.

Please print

Date:

Name(s):

Type of Service: ☐ Personal ☐ Business

PAD Schedule: ☐ Daily ☐ Once a week

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):

AnyDay o/a AnyDay Mastercard

Attention: Account Receivable Department

Address: 67 Mowat Avenue, Suite #437, Toronto, ON. M6K 3E3

Phone: 416-260-1641

Email: funding@xtmnc.com

Legend

- | | | | |
|---|---|---|---------------------------|
| 1 | Date and Signature | 5 | Cancellation of Agreement |
| 2 | Authorization to Debit Specific Account | 6 | Contact Information |
| 3 | PAD Category (personal, business, funds transfer) | 7 | Recourse Statement |
| 4 | Amount/Timing | | |