

Pre-Authorized Debit (PAD) Agreement

| Name: | | | | | | | Date: | d mm | |
|---|--|--|--|--|-----------------------------|--|---|-----------|--|
| | | | | | | | Date. | | |
| Address | 5: | | | | In | 1 | Dantal Cada | | |
| City: | | | | Te . | Prov: | | Postal Code | | |
| Telepho | ne: | | | Fax: | | | | | |
| k Accou | unt Information | | | | | | | | |
| ndicate | (with an X) the | e type of accou | nt being debited: | Cr | equing | | Savings | | |
| Copy of | Void Cheque | required | Attached | | | | | | |
| Financia | al Institution: | | | | | | | | |
| Bank Na | ame | | | | | | | | |
| Branch / | Address: | | | | | | | | |
| City: | | | | | Prov: | | Postal Code | : | |
| You, the | mount: \$ | Harvard Develo | opments, the "Payee" | | | t identifie | ed above for: | | |
| You, the A F | Payor, authorize | the 1st day | opments, the "Payee" of every month, o | | | t identifie | ed above for: | | |
| You, the A F S | Payor, authorize mount: \$ requency: | the 1st day | of every month, o | | | t identifie | | | |
| You, the A F S These s You, the | Payor, authorized amount: \$ Frequency: Start date: ervices are for: Payor, may revo | the 1st day the 1st day dd r ske your authorizellation form, or f | of every month, o | r next business (Lease Payments) riting subject to | s day | Persoi 10 days | nal written notice t | | |
| You, the A F S These s You, the To obtain | Payor, authorized amount: \$ Frequency: Start date: ervices are for: Payor, may revolute a sample cancer | the 1st day 1 / dd solve your authorizellation form, or finpay.ca. | r of every month, o / mm yyyy Business ation at any time in woor more information of | r next business (Lease Payments) riting subject to on your right to c | s day providing ancel a Pa | Persoi 10 days AD Agre | nal written notice t | your fina | |
| You, the A F S These s You, the To obtain | Payor, authorized amount: \$ Trequency: Start date: ervices are form a sample cancer or visit www.cd | the 1st day 1 / dd r ske your authorizellation form, or finpay.ca. Holder: | r of every month, o / mm yyyy Business ation at any time in woor more information of | r next business (Lease Payments) riting subject to on your right to cook Signature of Cook Name: | s day providing ancel a Pa | Persor 10 days AD Agree ount Ho | nal written notice t ement, contact | your fina | |

When this form is complete, mail to:

Harvard Developments

590 - 201 Portage Avenue Winnipeg, MB R3B 3K6

Tel: (204)988-1066 Fax: (204)947-2580

Operation

I/We the "Payor" understand and undertake that:

- a) this authorization is for the benefit of the Payee's financial institution, as well as where I/we have my/our bank account. My/Our financial institution agrees to process the debits against my/our account in accordance with the rules of the Canadian Payments Association;
- b) giving this authorization to the Payee's financial institution is the same as giving it my my/our financial institution;
- c) my/our financial institution is not required to verify that the Pre-Authorized Debit conforms with my/our authorization;
- my/our financial institution is not required to verify that the purpose of payment to which this Pre-Authorized Debit relates has been fulfilled:
- e) revoking this authorization does not terminate my/our contract for goods or services with the Payee. My/Our authorization applies only to the method of payment and has no bearing otherwise on the contract;
- f) I/We waive all notification rights knowing that I am entitled to receive notice from the Payee no less than 10 days in advance:
 - (i) in the case of fixed amount Pre-Authorized Debit, before the due date of the first Pre-Authorized Debit and every time there is a change; or
 - (ii) in the case of a variable amount Pre-Authorized Debit, before every Pre-Authorized Debit;
- g) I/We have ensured that my/our financial institution will accept one-time or recurring deposit transfers;
- h) I/We agree that the information contained in this authorization may be disclosed to the Payee's financial institution as required to complete any Pre-Authorized Debit transaction.

The Account

I/We confirm that:

- a) all persons whose signatures are required to authorize withdrawals from the account have signed this authorization and that all persons signing this authorization are authorized signing officers and are empowered to enter into this agreement;
- b) I/We will inform the Payee in writing of any change to the account information at least 10 days prior to the next due date fo the Pre-Authorized Debit.

Cancellation

I/We may cancel this authorization at any time. In doing so, I/we must advise the Payee of this revocation 10 days prior to the next debit due date.

Dispute and Reimbursement

I/We understand that:

- a) I/We may dispute a Pre-Authorized Debit and may claim for reimbursement if:
 - (i) the Pre-Authorized Debit was not drawn in accordance with this authorization; or
 - (ii) the authorization was revoked; or
 - (ii) no authorization agreement and/or authorization was given.
- b) If claiming reimbursement, I/we must, within 10 days of the date of the posting of the Pre-Authorized Debit, complete a declaration to my/our financial institution that I/we have a claim for one of the reasons given in the preceding paragraph;
- c) Any claim relating to a Pre-Authorized Debit which is advanced after the expiry of the time in the preceding paragraph is strictly a matter between me/us and the Payee's financial institution.