



ShopCity.com Inc.
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 807932611 RT0001

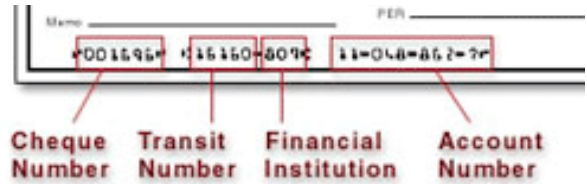
Pre-Authorized Debit (PAD) Agreement Customer information (please print clearly):

Name on Account: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Bank Account Information:



Branch Transit Number: _____

Financial Institution Number: _____ Account Number: _____

Chequing Savings

Financial Institution Name: _____

Address: _____

Pre-Authorized Debit (PAD) Details:

You, the Payor, authorize ShopCity.com, Inc. to debit the bank account identified above for the amount of \$_____ on the _____ of every month or within five (5) business days after this agreement is completed and every thirty (30) days after for all recurring monthly transactions. These services are for Business use. Debits will appear on your bank statement as ShopCity.com, Inc. You, the Payor may revoke your authorization at any time in writing or by phone subject to providing twenty five (25) days notice. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca

 Signature of Account Holder

 Signature of Joint Account Holder

Name: (Print) _____

Name: (Print) _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized by you or is not consistent with this PAD Agreement. For more information, contact your financial institution or visit www.cdnpay.ca.