



**AUTHORIZATION  
FOR BUSINESS PREAUTHORIZED DEBIT PLAN  
Terms and Conditions**

1. In this Authorization, "we," "us," and "our" refer to the Payer indicated on the reverse hereof.
2. We agree to participate in this Business Preauthorized Debit Plan, and we authorize and request AIM Canada, hereinafter called Payee, and any successor or assign of the Payee to draw a debit in paper, electronic, or other form for the purpose of making payment for goods or services related to our commercial activities (a Business Preauthorized Debit or PAD) on our account indicated on the reverse hereof (the "Accounts") at the financial institution indicated on the reverse hereof (the "Financial Institution") and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency, and fulfillment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee's Financial Institution and agree to the disclosure of any information which may be contained in this Authorization to such Financial Institution.
6. We understand that with respect to a Business PAD Plan that provides for the issuance of a Business PAD in response to any direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Business PAD in full or partial payment of a billing received by us, the ten (10) day prenotification is waived.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
  - (a) the Business PAD was not drawn in accordance with this Authorization;
  - (b) this Authorization was revoked; or
  - (c) any prenotification required and not waived by section 6 was not received by us.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b), or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that after this ten (10) business day period we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.

8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. We understand and agree to the foregoing Terms and Conditions.
11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect, and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

\_\_\_\_\_  
Name of Payer

Per: \_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Date

Per: \_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Date

*Please complete all sections on the reverse side.*