

AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to VALACTA-LACTANET to Direct Debit an Account

Instructions :

1. Please complete all sections in order to instruct your Financial Institution to make payments directly from your account.
2. Please read and sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to VALACTA-LACTANET at the address noted below.
4. If you have any questions, please write or call VALACTA-LACTANET.

PAYOR INFORMATION (PRODUCER) (please type or print clearly)

Payor Name:
Address:
Telephone:
E-Mail:
Name(s) of Authorized Signing Officer(s):
Signature(s) of Authorized Signing Officer(s):
Date:

PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION (please type or print clearly)

Branch #:	Institution #:	Account Number:
Name of Bank:		
Branch:		
Branch Address:		
City / Province:		
Postal Code:		
Phone:		

PAYEE INFORMATION (please type or print clearly)

Payee Name:	VALACTA-LACTANET
Address:	555, boul. des Anciens-Combattants, Ste-Anne-de-Bellevue, Quebec H9X 3R4
Telephone:	(514) 459-3030
E-Mail:	info@VALACTA-LACTANET.com

This form can be used for Personal PADS (from a personal bank account) as well as Business PADS (from a corporate account).

**AUTHORIZATION FOR PRE-AUTHORIZED DEBIT PLAN
(Business PAD or Personal PAD)
Terms & Conditions**

Please complete other side

Customer number:

1. In this Authorization "I", "me" and "my" refers to each of the Payor or Signing Officer indicated below and on the reverse hereof.
2. I agree to participate in this Pre-Authorized Debit Plan (PAD) and I authorize VALACTA-LACTANET and any successor or assign of VALACTA-LACTANET to draw a debit in paper, electronic or other form for the purpose of making payment of goods or services (a "Business PAD" or a "personal PAD", as the case may be) on the account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of VALACTA-LACTANET and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits in my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if the were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to VALACTA-LACTANET. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contact that exists between me and VALACTA-LACTANET.
4. I agree that my Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any PAD.
5. I agree that delivery of this Authorization to VALACTA-LACTANET constitutes delivery by me to my Financial Institution. I agree that VALACTA-LACTANET may deliver this Authorization to its Financial Institution and agree to the disclosure of any information which may be contained in this Authorization to such Financial Institution.
6. I understand that I shall receive written notice from VALACTA-LACTANET of the amount to be debited and the due date of debiting, at least ten (10) calendar days before the due date of the PAD. This notice shall take the form of a copy of the invoice delivered by mail, and could eventually take the form of a notice by electronic mail (E-mail), upon agreement to that effect. I can waive this 10-day delay by adding my initials to the following box: .
7. I may dispute a PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) any pre-notification required and not waived by section 6 was not received by me.I acknowledge that, in order to obtain reimbursement from my Financial Institution for the amount of a disputed PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than
 - a) ninety (90) calendar days in the case of a Personal PAD,
 - b) ten (10) business days in the case of a Business PAD,after the date on which the disputed PAD was posted to the Account. I acknowledge that, after this period, I shall resolve any dispute regarding a PAD solely with VALACTA-LACTANET, and that my Financial Institution shall have no liability to me respecting any such PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform VALACTA-LACTANET, 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 PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions.
11. I 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 I 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.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s'y rattachant soient rédigés et signés en anglais.

Name of Payor

Per: _____
Signature of Authorized Signing Officer

Date

Per: _____
Signature of Authorized Signing Officer

Date