



Innovative Benefits Solutions

Monthly Payment Pre-Authorization

Head Office

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quikcard.com

Please fill in and return this form to Quikcard Solutions Inc. with one of your cheques, unsigned and marked VOID.

I/We _____ Name(s)

Of _____ Company

Address _____

City/Province _____ Postal Code _____ Phone _____

Pre-Authorized Payment Authorization and Agreement ("Agreement")

I (we) the undersigned account holders, authorize Quikcard Solutions Inc. ("Quikcard") to draw monthly debits, by paper or electronic entry, each month from my (our) account as indicated on the attached "void" cheque (the "Account"), for the purpose of health plan contributions, in the fixed amount of \$ _____, payable on or about the 1st of each month beginning _____, 20_____ and continuing until notice to the contrary is given. This debit is for personal services.

I (we) hereby waive the requirement that Quikcard provide me (us) with advance written notice before the due date of the first debit to the Account of the amount to be debited and the date of such debiting.

I (we) also hereby waive my (our) right to receive advance written notice of any change in debit amounts or payment dates.

I (we) authorize Quikcard to draw more than one monthly debit from my (our) Account in the event that an attempt to draw on the Account by Quikcard is unsuccessful or returned by my (our) financial institution. I agree that in the event of a second occurrence of a returned or unsuccessful debit from my (our) Account, that Quikcard may, in its sole discretion, immediately terminate my (our) pre-authorized payment privileges and this Agreement. Termination of this Agreement does not terminate the contract for goods and services to which this Agreement relates.

I (we) will notify Quikcard promptly in writing if I/we move the Account from my (our) financial institution or branch to another, or if there is any other change in the Account.

I (we) acknowledge that delivery of this authorization to Quikcard constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain the Account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.

I (we) may cancel this Agreement at any time by providing 30 days written notice to Quikcard. I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel this Agreement, at my (our) financial institution or at www.cdnpay.ca. This Agreement may be cancelled at any time by Quikcard upon 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 debit that is not authorized or is not consistent with this Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.

I (we) warrant that all persons whose signature(s) are required to sign on the Account have signed this authorization.

Signature _____

Date(yy/mm/dd) _____

Signature _____

Date(yy/mm/dd) _____

*For joint accounts, all account holders must sign if more than one signatures is required on cheques issued against the Account.

Consult Quikcard's privacy policy at www.quikcard.com/privacy-policy or contact Quikcard by phone or email.