

PRE-AUTHORIZED DEBIT (PAD) PLAN

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize Stamm Investments Limited and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Stamm Investments Limited account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. Stamm Investments Limited will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Stamm Investments Limited has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Stamm Investments Limited may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____; _____

Address: _____
Unit # Street Number Street Name City Prov Postal Code

Phone (Home): _____; Phone (Bus): _____; Cell: _____

Stamm Investments Limited Account Number: _____

Type of Service: Personal ; Business ____.

Financial Institution (FI): _____

FI Account Number: _____; FI Transit Number: _____ - _____
Branch 5 digits; FI 3 digits.

Address: _____
Unit # Street Number Street Name City Prov Postal Code

Authorized Signature(s): _____; _____

PLEASE ATTACH A VOID CHEQUE

Stamm Investments Limited
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Waterloo On N2J 2K9
Phone: (519) 884-3010 Ext. 232 or Ext. 233
Fax: (519) 884-6347
Email: info@stamminvestments.com