



PRE-AUTHORIZED AGREEMENT

New Enrollment Pre-Authorized Agreement (PAD) Type: Personal/Household PAD [x]

WHEREAS the undersigned ("We, Our or Us") as used herein refer to (customer) _____;

AND WHEREAS Synergy Cash Management Solutions (SCMS) is an Authorized Agent of Dunntelecom.ca.

AND WHEREAS We hereby agree to grant **Synergy Cash Management Solutions (SCMS)** access to Our bank account for the purpose of allowing **SCMS** to debit such account for amounts owing by Us pursuant to this Pre-Authorized Agreement;

NOW, THEREFORE, We hereby authorize and agree as follows:

1.Scope - We acknowledge that this Authorization is provided for the benefit of **SCMS** and Our financial institution named below (*Financial Institution*) and is provided in consideration of the Financial Institution agreeing to process debits against Our account (*Account*) in accordance with the **Rules** of the **Canadian Payments Association**.

2.Authority to Debit Account - We understand that the transaction amount may increase or decrease from time to time because We choose to change the status or nature of Our requested services. We hereby authorize **SCMS** to draw on the Account for the purpose of paying **SCMS** amounts owing to it pursuant to the Customer and PAD agreement(s).

3.Cancellation of Arrangement - This PAD Authorization may be cancelled upon notice by Us. We acknowledge that, in order to revoke this Authorization, We must provide notice in writing to **SCMS**. We acknowledge that it could take up to 5 business days after **SCMS** receipt of such notice to implement our revocation.

4.Waiver of Pre-notification - We and **SCMS**, agree to waive the pre-notification requirement, as set out in Section 7 of Appendix II of rule H4 of the Canadian Payments Association, of any debit to Our Account.

5.Validation by Processing Institution - We acknowledge that the Financial Institution is not required to (i) verify that a PAD has been issued in accordance with the particulars of this Authorization including, but not limited to, the amount; (ii) verify that any purpose of payment for which the PAD was issued has been fulfilled by **SCMS** as a condition to honoring a PAD issued on Our Account.

6.Your Rights of Dispute - A PAD may be disputed by Us under the following conditions:
(i) the PAD was not drawn in accordance with Our Authorization; or (ii) the Authorization was revoked.

In order to be reimbursed, We acknowledge that a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch of the Financial Institution holding Our Account up to and including 10 business days after the date on which the PAD in dispute was posted to Our Account.

We acknowledge that a claim on the basis that Our Authorization was revoked, or any other reason, is a matter to be resolved solely between **SCMS** and Us when disputing any PAD after 10 business days.

8.Disclosure of Information Consent - We consent to the disclosure of any personal information that may be contained on this Authorization to the financial institution and/or financial services partner at which **SCMS** maintains its account to be credited with the PADs as far as any such disclosure of personal information is directly related to and necessary for the proper application of **Rule H4** of the **Canadian Payments Association**.

The details of the Account that **SCMS** is authorized to draw upon are indicated below

Payor Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Financial Institution: _____ Institution # (3 digits): _____

Transit (5 digit): _____ Account #: _____
(Please attach a copy of a void cheque, if possible, it makes our job easier)

We understand the terms hereof and acknowledge and agree to participate in the PAD Plan with **SCMS**. We warrant and guarantee that all persons whose signatures are required to sign on Our Account have signed this Authorization below.

IN WITNESS WHEREOF, We have executed this agreement as of the date written below.

Client Signature

Name/Title (Print)

Date

Please Fax this form to: 613-317-3939 or Scan and Email it to: pad@dunntelecom.ca