

Pre-Authorized Debit Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City

Province

Postal Code

Telephone Number:

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2. Bank Account Information

Deposit Account #

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Branch Transit #

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Financial Institution #

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Chequing

Savings

Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Mobile Knowledge Systems Inc. to debit the bank account identified above in the amount of \$ _____ on the First day of every month or the next business day.

These services are for (check one): Business Use

Personal

You, the Payor, may revoke your authorization at any time in writing subject to providing 25 days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____

(Please Print)

Name: _____

(Please Print)

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized by you or is not consistent with this PAD Agreement. For more information, contact your financial institution or visit www.cdnpay.ca

When the form is complete, mail or fax to:

Mobile Knowledge Systems Inc.
Suite 100 - 11 Hines Road
Ottawa, Ontario, K2K 2X1 Canada
Tel: 613.287.5020 Fax: 613.287.5021