

Pre-Authorized Debits (PADs)

Xinfosystems Inc.

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

I/we authorize Xinfosystems Inc., 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 Xinfosystems Inc. 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 Xinfosystems Inc. will provide 10 days written notice of the amount of a non regular debit. NOTE: There is a \$60 fee for each payment that is rejected by your financial institution.

This authority is to remain in effect until Xinfosystems Inc. 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. Xinfosystems Inc. 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: _____

Payor

Name(s): _____

Address: _____

City/Town: _____ Postal Code _____

Phone Number: _____

Financial Institution

(Bank Name) _____

Bank Address _____

Transit #: _____ Bank 3 Digit # _____ Bank Account Number: _____

Authorized Signature (s): _____

Xinfosystems Inc.
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