



EVERLINK PAYMENT SERVICES INC.

CODE OF CONDUCT: MERCHANT COMPLAINT HANDLING PROCESS

EVERLINK PAYMENT SERVICES INC. is committed to complying with the ***Code of Conduct for the Credit and Debit Card Industry in Canada*** (the “Code”). Information on the Code can be found on the website of the **Financial Consumer Agency of Canada (FCAC)** (<http://www.fcac-acfc.gc.ca/>)

Under the Code, if a merchant believes that its service providers’ conduct is contrary to the Code, they may report the issue to their payment processing company (also known as the acquirer). Service providers include, but are not limited to, acquirers, processors, independent sales organizations, and referral agents.

If you wish to file a complaint involving Everlink Payment Services Inc. in relation to the Code, please do so through our website (www.everlink.ca) and by using the template below or you can call us at **1.888.354.6577**. You can also write to us at:

Everlink Payment Services Inc.
65 Allstate Parkway, Suite 100
Markham, Ontario, L3R 9X1

Fax: 905.947.1274
Email: support@everlink.ca

Following receipt of your complaint we will:

- Acknowledge receipt of your complaint within 5 business days.
- Provide our final decision within *90 days* of receiving your complaint, along with:
 - A summary of the complaint;
 - The final result of the investigation;
 - Explanation of the final decision; and
 - Information on how to further escalate your complaint in the event of an unsatisfactory outcome, along with the complaint handling form.

If we cannot provide a response within *90 days*, you will be informed of the delay, reason for the delay, and the expected response time.

To assist us in reviewing your complaint, in addition to providing a summary of your concerns, please provide details, such as the name of the person you were dealing with, the date the concern occurred, and copies of any supporting documentation (i.e. agreements, statements).

COMPLAINT HANDLING FORM FOR MERCHANT COMPLAINTS PERTAINING TO THE CODE

First name	<input type="text"/>
Last name	<input type="text"/>
Merchant business name	<input type="text"/>
Merchant street address	<input type="text"/>
City	<input type="text"/>
Province/Territory	<input type="text" value="Please select a Province/Territory:"/>
Postal code	<input type="text"/>
Phone number	<input type="text"/>
E-mail address	<input type="text"/>
Name of acquirer	<input type="text"/>
Name of payment processor	<input type="text"/>
Merchant ID#	<input type="text"/>
Name of sales representative	<input type="text"/>
The policy element of the Code that the complaint pertains to	<input type="text" value="Please select one of the following:"/>
Please provide a summary of your complaint	<input type="text"/>

RETURN INSTRUCTIONS:

Please return completed forms to Everlink by mail, email or fax.

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Markham, Ontario L3R 9X1

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Email: support@everlink.ca