

PLEASE COMPLETE THE PRE-AUTHORIZED PAYMENT (PAP) PLAN AGREEMENT BELOW.

☐ I/we authorize InnPower Corporation (InnPower) 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 InnPower account(s). **Regular monthly payments for the full amount of services delivered will be debited from my/our specified account on the due date of each month.** I/we further authorize any final bill amount (if applicable) to be debited from my/our bank account for the amount due on the due date. InnPower will provide 10 days written notice of the amount of each regular debit. InnPower will obtain my/our authorization for any other one-time or sporadic debits.

OR

☐ I/we authorize InnPower and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account in the amount of \$_____ **(see message area on bill) on the due date of each monthly bill** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

OR

☐ I/we authorize InnPower and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account in the amount of \$_____ **(see message area on bill) on the 15th day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

OR

☐ I/we authorize InnPower and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account in the amount of \$_____ **(see message area on bill) on the 10th day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

OR

☐ I/we authorize InnPower and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit my/our bank account in the amount of \$_____ **(see message area on bill) on the 1st day of each month** and further authorize my/our annual reconcile balance and final bill amount (if applicable) to be debited from my/our bank account.

This authority is to remain in effect until InnPower 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 PAP Agreement at my/our financial institution or by visiting www.cdnpay.ca.

InnPower 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 PAP that is not authorized or is not consistent with this PAP 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

Name(s): _____ InnPower Account No.: _____

Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(Branch 5 digits; FI - 3 digits)

I/we have enclosed a void cheque.

Authorized Signature(s): _____ Date: _____



InnPower Corporation
7251 Yonge Street
Innisfil, ON L9S 0J3
Tel.: (705) 431-4321
Fax: (705) 431-6872
Email: customerservice@innpower.ca