INVOICE

Invoice No:

Date:

PAD Ref No:

BILL TO

PRE-AUTHORIZED DEBIT DETAILS

Financial Inst. No:

Transit Number:

Account Number:

Debit Date:

Subtotal:

Tax:

Total Debit:

PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION NOTICE

By signing below, the Payor authorizes the Payee to debit the financial institution account indicated above for the Total Debit amount shown on this invoice. This debit will occur on or after the scheduled Debit Date specified. This transaction is governed by the terms of the Pre-Authorized Debit Agreement previously established.

AUTHORIZED SIGNATURE

DATE