

PRE-AUTHORIZED PAYMENT FORM

PLEASE COMPLETE THE PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT BELOW

I/we authorize Millcreek Management 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 Millcreek Management Inc. account(s). 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**. Millcreek Management Inc. will provide 10 days written notice of the amount of each regular debit. Millcreek Management Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Millcreek Management 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.

Millcreek Management 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.

TYPE OF SERVICE: PERSONAL

NAME(S) _____		DATE _____
ADDRESS _____		
CITY _____	PROVINCE _____	POSTAL CODE _____
PHONE NUMBER (RES.) _____	EMAIL _____	
AUTHORIZED SIGNATURE _____	AUTHORIZED SIGNATURE _____	

BANKING INFORMATION

NAME OF BANK _____		
ADDRESS OF BANK _____		
BRANCH NO. _____	INSTITUTION NO. _____	ACCOUNT NO. _____

PLEASE ATTACH YOUR VOID CHEQUE
(Please fax, mail or scan and email form and cheque to our office)
Millcreek Management Inc.
Address: 22 Cathay Street, Cambridge, ON. N1R 4V2
Ph: 519-621-6548 Fx: 5190621-6980 Toll Free: 1-844-621-6548
Email: customer_service@millcreekmanagement.ca