

Please complete Pre-Authorized Debit(PAD) Plan Agreement Below

I/We authorize **111 Alexis Nihon Development LP**, 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 regular _____ recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **111 Alexis Nihon Development LP** accounts(s). Regular _____ payments for the full amount of services delivered will be debited to my/our specified account on the _____ day of each month. **111 Alexis Nihon Development LP** will provide 10 days written notice of the amount of each regular debit. **111 Alexis Nihon Development LP** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **111 Alexis Nihon Development LP** has received written notification from me/us of its change or termination. This notification must be received at least (10) ten 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.

111 Alexis Nihon Development LP 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 has 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**

PLEASE PRINT

DATE: _____

Name: _____

Account Number: _____

Address: _____

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

Phone Number (Bus): _____ (Res): _____

Financial Institution {FI}: _____ - _____

FI Account Number: _____ FI Transit Number: _____

Address: _____

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

Authorized Signature(s): _____

111 Alexis Nihon Development LP
(750 Marcel-Laurin, Ste 210 – Saint-Laurent, QC H4M 2M4)