

INSTRUCTIONS

1. The Payee must retain this PAD Agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the Payments Canada website. See Payments Canada Rule 007, Standards for the Exchange of Financial Data on AFT Files.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (MANDATORY)

Account Holder(s) Name(s) and Address(es) (the "Payor")

NAME _____
 ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____
 PHONE _____ FAX _____ EMAIL _____

Payee Name and Address

Dallas Valley Ranch Camp
Box 779 Lumsden, SK
S0G 3C0
(306) 731-3348
office@dallasvalley.com

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

DESCRIPTION OF PAD (optional)	CPA TRANSACTION TYPE	PAYMENT TYPE (choose one only) <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	PAYOR ACCOUNT (the Payor's account at the Processing Institution; the "Account")		
			Institution	Branch I.D.	Account No.
AMOUNT OF PAYMENT <input type="checkbox"/> Fixed \$ _____ <input type="checkbox"/> Variable: Maximum Amount \$ _____	DATES <input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other (specify intervals, set dates, or specific act, event, or other criteria that triggers PAD) _____ <input type="checkbox"/> Sporadic		PAYOR FINANCIAL INSTITUTION – NAME AND ADDRESS (the "Processing Institution")		
			PAYEE ACCOUNT (Payee's account for credit - complete if known.)		

AUTHORIZATION

I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the 'Payment Type' section of this PAD Agreement.

conditions on page 2, acknowledges understanding the terms and conditions of this PAD Agreement, and agrees to be bound by the terms and conditions of this PAD Agreement, including the terms and conditions on page 2.

By signing this Authorization, the Payor acknowledges having received and having read a copy of this PAD Agreement, including the terms and

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Payor Signature _____ Date _____

Payor Signature _____ Date _____

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPORADIC PADS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Payor Signature _____ Payor Signature _____

CANCEL PAYMENT The Payor may cancel this authorization at any time (_____ DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED. CANNOT EXCEED 30 DAYS)
 The Payor hereby cancels this Payor's PAD Agreement effective: _____

Payor Signature _____ Date _____

Payor Signature _____ Date _____



