



# Saputo Dairy Products Canada G. P.

## Payor's Pre-Authorized Debits (PADs) Agreement Rule H1

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize Saputo Dairy Products Canada G. P. (Saputo), 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 biweekly/monthly variable amounts for the payment of all charges arising under my/our Saputo account(s). The charges will be detailed in Saputo's biweekly/monthly statements of account provided to me/us either via email, fax or mail.

This authority is to remain in effect until Saputo 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](http://www.cdnpay.ca).

Saputo 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 the 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](http://www.cdnpay.ca)

**I/We, mutually, waive the need for pre-notification of debit withdrawals.**

**ANY RETURNED ITEMS SHALL BE SUBJECT TO A PROCESSING FEE.**

### PLEASE PRINT

Saputo Account Number: \_\_\_\_\_ Type of Service: Personal \_\_\_ Business \_\_\_

Legal Name: \_\_\_\_\_

Operating As: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Res) \_\_\_\_\_

Email Address: \_\_\_\_\_

Biweekly/Monthly Payment Start Date: \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_ FI Account Number: \_\_\_\_\_

*(Branch - 5digits; FI - 3 digits)*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please attach a blank cheque marked "VOID" to Payee and include your Company name and full mailing address)*

Saputo Dairy Products Canada G. P.

Attention: Home Service Department

6800 Lougheed Highway, Burnaby, BC V5A 1W2

Tel: 604-421-4663 - Fax: 604-444-7243 – Toll Free: 1800-667-1228