



Pre-Authorized Debit (PAD) Authorization Form

ideaLEVER Solutions Inc.

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Kamloops, BC V2C 6K7
Ph: 250.374.0906
Fax: 250.374.0915
Toll Free: 1.888.374.0906

Vancouver Office

407 – 163 W. Broadway
Vancouver, BC V6B 1H5
Ph. 604.738.0906
Toll Free: 1.888.374.0906

Please fax the completed copy to 250.374.0915

A. Customer Information (Please print clearly)

Company Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

B. Bank Account Information

Deposit Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ Chequing Account or Savings Account (circle one)

Financial Institution Name: _____ Address: _____

(Please attach a voided cheque.)

C. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize ideaLEVER Solutions Inc to debit the bank account identified above for \$_____ on the 1st of every month or the next business day. This includes hosting, monthly support contract, SiteCM and/or CommerceCM License and any email accounts.

You may revoke your authorization at any time in writing or by phone subject to providing 30 days notice.

Signature or Account Holder

Signature of Joint Account Holder (if applicable)

Print Name

Print Name

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse right contact your financial institution.

