



Pre-Authorized Withdrawal Application Form

☐ Yes! I would like to save time and money with the monthly pre-authorized debit service.

Please fill out the information below, in print, and attach a VOID cheque to this form.

REA account number: ____ - ____ Date: _____
Member name(s): _____
Member address: _____
City/Town: _____ Province: _____ Postal Code: _____
Phone: (Res.) _____ (Bus.) _____ Fax: _____
E-mail: _____

Financial Institution information:

FI name: _____
FI account number: _____ FI transit number: ____ - ____
Bank Address: _____
City/Town: _____ Province: _____ Postal Code: _____

I/we authorize EQUUS REA Ltd. (EQUUS) and the financial institution indicated on my VOID cheque (or any other financial institution I/we may authorize at any time) to begin withdrawals as per my/our instructions for monthly regular recurring payments of all charges arising under my/our EQUUS account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 25th day of each month. EQUUS will provide a minimum of 10 days written notice of the amount of each regular debit. EQUUS will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until EQUUS has received written notification from me/us of its change or termination or until the "FINAL BILL" is paid in full. 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. I/We also 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.

EQUUS 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.

Authorized signature: _____