Name: _____ Date: _____

_____
PAYOR ADDRESS

Re: Confirmation of Pre-Authorized Debit (PAD) Sign-up
Thank you for signing up for Pre-Authorized Debits from District Studios Inc. We have accepted your PAD Agreement and are writing to confirm the following details:

Account Name: _____

Financial Institution (Name & number): _____

Transit Number: _____

Account Number: _____

Amount of Payment: _____

Frequency of Payment: WEEKLY _____ MONTHLY _____

Payment Start Date: _____

Type of Pre-Authorized Debit: BUSINESS _____ PERSONAL _____

Statement with regard to Pre-notification

We will send you a notice identifying the amount of each PAD at least 10 days before each debit.

You have agreed that we may reduce the standard period of pre-notification for variable amount PADs. We will send you notice of the amount of each PAD five days before the PAD is due.

Your Payor's PAD Agreement may be cancelled provided notice is received 15 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at hello@districtstudiosyyc.com. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Start Date indicated above.

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca." *(Exception: If a Funds Transfer PAD and coded "650" or "83", CPA Member initiating the Funds Transfer must advise that the Payor will not have recourse within the CPA Rules).*

Thank you,

Anita Wozniak
Owner